MAXIMUS Federal Services

Case Number:	CM15-0094881		
Date Assigned:	05/21/2015	Date of Injury:	12/05/2008
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male, who sustained an industrial injury on 12/05/2008. The injured worker is currently diagnosed as having diaphragmatic hernia and benign essential hypertension. Treatment and diagnostics to date has included an echocardiogram, electrocardiogram, laboratory testing, exercise, and medications. In a progress note dated 01/23/2015, the injured worker presented with no new complaints and stated he felt good. Objective findings were unremarkable. The treating physician reported requesting authorization for an automatic blood pressure monitor.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Blood pressure monitor MIS Automatic #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension. http://emedicine.medscape.com/article/241381-overview.

Decision rationale: According to Medscape, Blood pressure monitoring is recommended in case of HTN or unstable blood pressure. There is no documentation that the patient developed a HTN requiring continuous monitoring. Therefore, the request for Blood pressure monitor MIS Automatic #1 is not medically necessary.