

Case Number:	CM13-0041449		
Date Assigned:	12/20/2013	Date of Injury:	08/08/2013
Decision Date:	04/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 30 year old male who was injured on 08/08/2013. The patient was sent to emergency room since his heart rate was slow. He has had three hyperbaric chamber treatments. Claimant complains of headaches and ear pain secondary to hyperbaric chamber treatment. Prior treatment history has included treatment in the hyperbaric chamber. Following this treatment, he became aware of hearing deterioration in the left ear. Diagnostic studies reviewed include a comprehensive audiometry which revealed normal hearing. UR had reported an EKG was done and was normal. Comprehensive medical report dated 10/01/2013 documented the patient to have complaints of some problems with headaches, ear pain, chest pain and fatigue. He has seen an ear specialist and is going to see a cardiologist soon. He feels much better. His heart feels normal. He has the following problems with ADL's-moderate problems hearing. The patient currently takes ear drops. Objective findings on exam included: HEENT: within normal limits; Heart: within normal limits; Chest: Within normal limits; Neurologic exam: Within normal limits. Comprehensive otolaryngological consultation dated 10/08/2013 documented the patient with complaints of hearing loss in the left ear. Objective findings on exam included examination of the nose revealing normal nasal mucosa and adequate nasal airway. On examination of the ears there was no evidence of damage or infection to the middle ears, the eardrums, or the external auditory canals on examination. Examination of the pharynx showed normal pharyngeal mucosa. Both vocal cords appeared to be intact and mobile.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIAC TREADMILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Textbook of Cardiovascular Medicine, "Braunwald's Heart Disease", Chapter 10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Exercise Stress Test, found at <http://www.nlm.nih.gov/medlineplus/ency/article/003878.htm>.

Decision rationale: According to the 10/01/13 medical report, objective findings on exam included HEENT, heart, and chest within normal limits. The patient reported that he felt much better and his heart felt normal. History also includes an EKG, which was normal. The 11/04/13 and 12/16/13 PR-2s are not legible. The cardiac treadmill (exercise stress test) is a screening tool used to test the effect of exercise on the heart. However, the medical records do not present subjective complaint, or objective clinical findings that substantiate any cardiac issues are present. The medical records would indicate the patient is improving appropriately. The medical necessity of cardiac treadmill testing has not been established.

PULMONARY TREADMILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary Chapter, Pulmonary Function Testing.

Decision rationale: According to the Official Disability Guidelines, pulmonary function testing is recommended for the diagnosis and management of chronic lung diseases. However, the medical records do not present any relevant persistent subjective complaint, or objective clinical findings that establish any pulmonary issues exist. The medical records would indicate the patient is improving appropriately. The medical necessity of pulmonary treadmill testing has not been established.

LUNG VOLUME: 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 ODG, Pulmonary Chapter, Pulmonary Function Testing.

Decision rationale: According to the Official Disability Guidelines, pulmonary function testing is recommended for the diagnosis and management of chronic lung diseases. However, the medical records do not present any relevant persistent subjective complaint, or objective clinical

findings that establish any pulmonary issues exist. The medical records would indicate the patient is improving appropriately. The medical necessity of lung volume testing has not been established.