

Case Number:	CM13-0045770		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2006
Decision Date:	04/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Practice and is licensed to practice in Texas. 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 a 46-year-old female who reported injury on 05/31/2006. The mechanism of injury was repetitive motion. The patient's subjective complaints were including challenges with sleep quality. The patient denied chest pain and shortness of breath. The patient's blood pressure was 134/76 and the cardiovascular system revealed a regular rate and rhythm at S1 and S2 and there were no rubs or gallops that were appreciated. There was no clubbing, cyanosis, or edema. The physician indicated that extremities examination of tenderness and range of motion was differed to the appropriate specialist. The lungs were clear to auscultation. The diagnoses included gastroesophageal reflux disease, sleep disorder rule out obstructive sleep apnea, nausea, asthma, constipation and abdominal pain. The request was made for cardiorespiratory testing including autonomic function assessment and sleep disordered breathing respiratory study and probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO RESPIRATORY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: California MTUS Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the patient's complaints persist, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated that the patient had complaints of challenging sleep quality. However, the patient was noted to deny chest pain or shortness of breath. The patient's blood pressure was 134/76 and the patient had revealed a regular rate and rhythm at S1 and S2 and there were no rubs or gallops that were appreciated. There was no clubbing, cyanosis, or edema. The physician indicated that extremities examination of tenderness and range of motion was deferred to the appropriate specialist. However, there was a lack of documentation of a necessity for cardiorespiratory testing. There was a lack of documented rationale for the testing. Given the above, the request for cardiorespiratory testing is not medically necessary.