

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0003839 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 08/16/2010 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 01/10/2014 |

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 New York. 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 claimant is a 53-years old female who sustained an industrial injury on 08/16/2010. She reported continuous trauma from 03/27-08/16/2010 as a code enforcer. Her diagnoses include low back pain, left knee pain, bilateral hip pain, bilateral knee pain, sleep deprivation, anxiety, stress, and depression. She is status/post left knee arthroscopic surgery. On exam she has continued low back pain with decreased range of motion and right knee pain with tenderness to palpation. Treatment has included medical therapy, surgery, physical therapy, chiropractic therapy, epidural steroid injection therapy to the lumbar spine and Synvisc injections to the right knee. The physician has requested a pulmonary stress test.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: PULMONARY STRESS TEST (DOS: 11/08/2013): 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 X Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Pulmonary Stress test.

Decision rationale: There is no indication for a pulmonary stress test. Cardiopulmonary exercise testing is an important clinical tool to evaluate exercise capacity and predict outcomes in patients with heart failure and other cardiac conditions. A Cardiopulmonary Exercise Test (CPExT) is performed to evaluate dyspnea or exercise intolerance. Other tests include exercise-induced bronchoconstriction and six-minute walk tests. The claimant underwent a six-minute walk test. There is no documentation indicating the claimant has any active cardiac or pulmonary problems. The medical necessity for the requested item has not been established. The requested for . Retrospective Pulmonary Stress Test (date of services: 11/08/2013) is not medically necessary.