

Case Number:	CM14-0007764		
Date Assigned:	02/18/2014	Date of Injury:	12/15/2001
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 injured worker is a 51-year-old female who reported an injury on 12/15/2001. The mechanism of injury was not specifically stated. The current diagnoses include aortic valve disease, ischemic heart disease, aortic aneurysm, history of exercise-induced pulmonary hypertension, gastroesophageal reflux disorder, severe gingival disease, and lower back pain. The injured worker was evaluated on 12/19/2013. Physical examination revealed a blood pressure of 125/80, a respiratory rate of 16, a heart rate of 80, a body mass index of 36, a midline scar secondary to a previous aortic valve surgery, grade II systolic murmur, 99% oxygen saturation on room air, and rales at the bases of the lungs. The treatment recommendations at that time included multiple laboratory tests, a ventilation perfusion lung scan, and a right heart catheterization.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENTILATION PERFUSION LUNG SCAN: 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 www.nhlbi.nih.gov. National Institutes of Health. Department of Health and Human Services. March 01, 2011.

Decision rationale: A lung ventilation/perfusion scan, or VQ scan, is a test that measures air and blood flow into the lungs. This scan is most often used to help diagnose or rule out a pulmonary embolism. As per the documentation submitted, the injured worker's physical examination on the requesting date revealed no acute distress with normal vital signs and a 99% oxygen saturation on room air. The medical necessity for the requested procedure has not been established. Additionally, the relationship to the industrial injury is not documented. Therefore, the current request is non-certified.

HIV TEST: 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 www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: HIV antibody testing is used to screen for and diagnose human immunodeficiency virus (HIV) infections. Annual screening is advised in patients at high risk for HIV. Certain individuals should also undergo HIV testing if they are between the ages of 13 and 64 and have a history of hepatitis, TB, or a sexually transmitted disease. The injured worker does not appear to meet any of the above mentioned criteria. As the medical necessity has not been established, the current request is not medically appropriate. Additionally, the relationship to the industrial injury has not been documented. Based on the clinical information received, the request is non-certified.

COLLAGES VASCULAR PROFILE TO INCLUDE ANA, LE PREP, SED RATE AND RHEUMATOID FACTOR: 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 www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014.

Decision rationale: The antinuclear antibody test is used as a primary test to help evaluate a patient for an auto-immune disorder. The antinuclear antibody (ANA) test is ordered when a patient shows signs or symptoms associated with a systemic auto-immune disorder. The erythrocyte sedimentation rate (ESR), or sed rate, may be ordered when a condition or disease is suspected of causing inflammation in the body. A rheumatoid factor test is primarily used to help diagnose rheumatoid arthritis (RA) and help distinguish RA from other forms of arthritis. Symptoms of RA include pain, warmth, swelling, and morning stiffness in the joints. The

injured worker does not appear to meet criteria for any of the above requested laboratory studies. There is no documentation of any signs or symptoms suggestive of an auto-immune disorder, inflammation, infection, or rheumatoid arthritis. As the medical necessity has not been established, the current request is not medically necessary. Additionally, the relationship to the industrial injury has not been documented. Therefore, the request is non-certified.

**RIGHT HEART CATHETERIZATION AT REST WITH SUPINE CYCLE
ERGOMETRY EXERCISE: 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 www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 16 May 2014.

Decision rationale: Cardiac catheterization is generally done to obtain information about the heart or its blood vessels. The injured worker does not maintain a diagnosis of congestive heart failure, cardiomyopathy, or coronary artery disease. The injured worker's vital signs on the requesting date revealed normal findings. Physical examination also revealed normal findings with the exception of a grade II systolic murmur. The medical necessity for the requested service has not been established. Additionally, the relationship to the industrial injury has not been documented. Based on the clinical information received, the request is non-certified.