MAXIMUS Federal Services

Case Number:	CM14-0103375		
Date Assigned:	09/24/2014	Date of Injury:	04/27/2009
Decision Date:	10/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 55-year-old male with a reported date of injury on 04/27/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain, left knee internal derangement, left knee pain, left knee sprain/strain, status post right inguinal hernia repair, disruptions of 24 hour sleep/wake cycle, loss of sleep, sleep disturbance, elevated blood pressure, hypertension, and left/right inguinal hernia. His previous treatments were noted to include left knee injection, physical therapy, and cardiorespiratory testing. The progress note dated 05/05/2014 revealed a cardiorespiratory report, dated 02/10/2014, that recommended the injured worker to request further pulmonary/respiratory diagnostic testing to further measure the injured worker's respiratory functioning and screen for any other respiratory issues due to pulmonary/respiratory abnormalities, including obstructions of the airways and sleep disordered breathing. In addition, the injured worker was recommended to obtain additional cardiology testing and evaluation outside of the provider's area of expertise in order to further measure the injured worker' cardiovascular health. The progress note reported complaints of moderate, dull, achy, sharp low back pain and stiffness that was aggravated by cold weather. The injured worker complained of left knee pain rated 7/10, and mild pain to the right inguinal region. The injured worker complained of loss of sleep due to pain. The physical examination revealed a decreased range of motion to the lumbar spine. There was tenderness to palpation of the lumbar paravertebral muscles with a positive Kemp's and straight leg raise bilaterally. The left knee examination had full range of motion with tenderness to palpation of the anterior knee, lateral knee, and medial knee. There was a positive McMurray's. The progress note dated 06/16/2014 revealed complaints of sharp low back pain and stiffness rated 7/10. The injured worker complained of left knee pain rated 7/10. The injured worker complained of mild pain to the right

inguinal area and loss of sleep due to pain. The physical examination revealed decreased range of motion with tenderness to palpation of the lumbar paravertebral muscles. There was a positive Kemp's and straight leg raise bilaterally. The physical examination of the left knee revealed decreased range of motion with tenderness to palpation of the anterior knee, lateral knee, and medial knee. There was a positive McMurray's. The Request for Authorization form was not submitted within the medical records. The request was for a cardiorespiratory diagnostic testing to screen for any other respiratory issues due to pulmonary/respiratory abnormalities, including obstructions of the airway and sleep disordered breathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio Respiratory Diagnostic Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: The request for Cardio Respiratory Diagnostic Testing is not medically necessary. The injured worker had a cardiorespiratory test performed 02/2014. The CA MTUS/ACOEM Guidelines state the areas that are covered in a physical examination should be selected and may include general observation of the patients with posture, station, and overall fitness level, general demeanor, affect, facial expression, mood changes, gait, and weight bearing. The physical examination should also include vital signs with blood pressure, pulse, height, and weight. There should be a focused regional examination, a neurologic, and ophthalmologic, and other specific screening. A more comprehensive examination area with related or potentially referred symptoms, as indicated by the history of the physician's knowledge of the tentative diagnostic entity and evaluation of nonorganic symptoms and signs. The content of focused examinations is determined by the presenting complaint of the area and organ system affected. The injured worker has been diagnosed with hypertension and elevated blood pressure, as well as a disruption of the 24 hour sleep/wake cycle. However, the cardiorespiratory test performed 02/2014 results were not submitted within the medical records. There is a lack of significant clinical documentation to warrant cardiorespiratory diagnostic testing. Therefore, the request is not medically necessary.