

Case Number:	CM14-0155857		
Date Assigned:	09/25/2014	Date of Injury:	03/28/2007
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 injured worker is a 52 year old woman with a date of injury of 3/28/07. She was seen by an internal medicine consultant on 8/7/14 with complaints of / referred for 'gastrointestinal, internal, abdominal'. She has a history of chronic neck, shoulder and low back pain with triggering of her right 5th finger. She also has a history of heartburn, gastritis, hemorrhoids and weight gain. She has a history of hypertension since 2004. Her cardiac medications include amlodipine, losartan and spironolactone. She denied chest pain, coronary artery disease, palpitations or heart attack. She had a history of shortness of breath and sleep apnea but denied dyspnea on exertion, cough, wheezing or asthma. Her exam showed a heart rate of 91 and blood pressure of 99/64. She had clear lungs and regular rate and rhythm on cardiac exam. The physician felt her hypertension was aggravated by her industrial condition due to stress and ordered an EKG and Cardiorespiratory testing for further evaluation. The latter test is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-pulmonary testing: 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: Estimation of cardiac risk prior to noncardiac surgery

Decision rationale: This 52 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities other than 'hypertension' documented in the records which is well controlled to possibly over controlled. Cardiorespiratory testing is very non-specific. In this injured worker with no active cardiac symptoms and no true relation to the industrial injury, cardio respiratory testing would not be indicated. The records do not support the medical necessity of cardio respiratory testing.