

Case Number:	CM14-0047972		
Date Assigned:	07/02/2014	Date of Injury:	03/18/2013
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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:

This is a 55-year-old female patient with a 3/18/13 date of injury. A progress report dated on 11/19/13 indicated that the patient complained of loud snoring and daytime somnolence. It is noted that the patient has a primary complaint of snoring, daytime somnolence, and observed apnea per her bed-partner. Objective findings revealed tonsils, cough, wheezing, rhonchi or bronchitis. She had diabetes mellitus. Her blood pressure was 166/102 mm/Hg. A cardiorespiratory diagnostic test performed on 11/19/13 revealed that at rest the patient had stage two hypertension. There were abnormal responses for autonomic challenges, suggested autonomic dysfunction. Since only the parasympathetic response during deep breath test was low, mild autonomic dysfunction was possible. Diagnostic Impression: Diabetes, Bilateral Medial Epicondylitis. Treatment to date: sleep study certified, cortisone injections-elbow A UR decision dated 4/2/14 denied the request for Retro Cardio-Respiratory Test based on the fact that the initial diagnostic testing supported the need for the PFT and sleep study. However, there were no complaints of chest pain or shortness of breath that would support the need for cardio-respiratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cardio-respiratory test for dates 11/19/13 and 11/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pulmonary and pain chapters.

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:<http://www.medscape.com/viewarticle/780699> A Non-exercise Testing Method for Estimating Cardiorespiratory Fitness.

Decision rationale: CA MTUS and ODG do not address this issue. The CRF-estimating method NET-F that does not involve exercise testing showed consistent associations with all-cause and cardiovascular mortality, and it had good discrimination and excellent risk reclassification improvement. As such, it merits further attention as a practical and potentially useful risk prediction tool. The patient presented with the complaint of snoring and daytime somnolence. She had cardiovascular testing dated on 11/19/13. The patient was in the group of at risk of cardiovascular disease, due to his history and physical exam. She was noted to have an elevated blood pressure of 166/102. She is noted to have multiple cardiac risk factors, such as obesity, tobacco use, hypertension, diabetes, and sleep apnea. However, it is not clear what exact components are involved in the cardiorespiratory test being performed. Therefore, the request for Retro Cardio-Respiratory Test for dates 11/19/13 and 11/19/13 is not medically necessary.