

<b>Case Number:</b>	CM14-0052921		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

he injured worker is a 58-year-old male with reported injury on 06/18/2013. The mechanism of injury was that he was lifting a crate full of water jugs, which weighed approximately 30 pounds, and he felt immediate severe abdominal pain. The injured worker's diagnoses included umbilical hernia, abdominal hernia, hypertension, and blurred vision. The injured worker had an examination on 02/27/2014 for complaints of umbilical hernia pain with straining. Upon examination of his eyes, they were unable to visualize the fundus upon examination. The cardiovascular examination was that he had a regular rate and rhythm and there were no rubs, murmurs or gallops. Abdomen was soft and non-tender. There was noted sub umbilical weakened musculature and some bulging noted with the Valsalva maneuver. His medications consisted of Lisinopril for his blood pressure. The recommended plan of treatment was to have a consultation with ophthalmology to rule out end organ damage secondary to hypertension, to have a CT of the abdomen, cardiorespiratory testing, ICG, 2D echo with Doppler, and renew his prescribed medications. The Request for Authorization for the ophthalmology consultation was signed and dated for 03/27/2014 and the Request for Authorization for the ICG and cardiorespiratory testing was signed and dated for 02/27/2014. The rationale for the ICG and the cardiorespiratory testing was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ICG (Impedence Cardiography): 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 <https://www.journals.uio.no/index.php/bioimpedance/article/view/51>.

**Decision rationale:** According to the [REDACTED], an impedance cardiography is a noninvasive test that measures the mechanical function of the heart. It is usually used on patients with congestive heart failure, high blood pressure, lung disease and other cardiac conditions. The test may provide helpful information to help the physician better assess the severity of CHF, adjust medications and determine whether or not a patient may need further testing. Upon examination, the injured worker's blood pressure was 129/80. He reported that, at home, his blood pressure testing averaged 142/92. There is not a diagnosis of congestive heart failure and there is no evidence of other cardiac conditions. The injured worker is on medication for his blood pressure and it was recommended also for other cardiac testing to be performed. There is a lack of evidence to support the medical necessity of this test without further assessment and evaluation. The rationale for this test was not provided. Therefore, the request for ICG (Impedance Cardiography) is not medically necessary.

**Ophthalmology Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416-417. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye, ophthalmic consultation.

**Decision rationale:** The ACOEM Guidelines recommend that initial assessment on the eye should focus on detecting indications of potentially serious ocular pathology, termed red flags and determining an accurate diagnosis. For these purposes, red flags are defined as a sign or symptom of a potentially serious condition indicating that further consultation, support, or specialized treatment may be necessary. The Official Disability Guidelines recommend an ophthalmic consultation for indications of chemical burns, intraocular infections, globe ruptures or perforations, or acute glaucoma. The injured worker has not had any evidence of chemical burns or intraocular infection, globe ruptures or perforations, or acute glaucoma. There was a lack of evidence and examination to support the medical necessity of an ophthalmology consultation without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines. Therefore, the request for the ophthalmology consultation is not medically necessary.

**Cardio-Respiratory Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Cardiopulmonary Exercise Testing, Number 0825.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jurca, R., Jackson, A. S., LaMonte, M. J., Morrow Jr, J. R., Blair, S. N., Wareham, N. J., ... & Laukkanen, R. (2005). Assessing cardiorespiratory fitness without performing exercise testing. *American journal of preventive medicine*, 29(3), 185-193.

**Decision rationale:** According to the [REDACTED] cardiorespiratory fitness is associated with increased risk of chronic diseases and mortality; however, cardiorespiratory fitness assessment is usually not performed in many health care settings. The purpose of this study is to extend the previous work on a no exercise test model to predict cardiorespiratory fitness from house indicators that are easily obtained. The rationale for the cardiorespiratory testing was not provided and there was a lack of evidence to support the medical necessity of this test without further evaluation and assessment. Therefore, the request for the cardiorespiratory testing is not medically necessary.