

<b>Case Number:</b>	CM14-0063575		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 claimant is a 63 year old female who sustained an industrial injury from continuous trauma from 1979-2010. Her diagnoses include diabetes, hypertension, gastroesophageal reflux disease, obstructive sleep apnea, peripheral edema, asymptomatic palpitations, shortness of breath and hepatomegaly. On physical exam BP was 136/84 and +3 bilateral pitting edema of the lower extremities. The treating provider has requested cardio-respiratory testing and an ENT consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-respiratory 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: Medscape Internal medicine 2013: Indications for Cardio-Pulmonary testing.

**Decision rationale:** Cardiopulmonary exercise testing is an important clinical tool to evaluate exercise capacity and predict outcomes in patients with heart failure and other cardiac conditions. A Cardiopulmonary Exercise Test (CPExT) is performed to evaluate dyspnea or exercise intolerance. Other tests include exercise-induced bronchoconstriction and six-minute

walk tests. There is no specific rationale as to why testing is required and a specific test has not been requested. The claimant's pulmonary function tests demonstrated a restrictive pattern. The medical necessity for the requested item has not been established. The requested item is not medically necessary.

**ENT consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Exams & Consults.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations page 127.

**Decision rationale:** Per the reviewed guidelines referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. The claimant reported a disturbed sense of smell but this is improving. There is no suggestion of any permanent loss of her sense of smell and taste and there are no other abnormalities documented. Medical necessity for the requested ENT evaluation has not been established. the requested evaluation is not medically necessary.