

Case Number:	CM14-0204823		
Date Assigned:	12/17/2014	Date of Injury:	08/09/2014
Decision Date:	02/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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:

Patient is a 42 year-old female with date of injury 08/09/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/12/2014, lists subjective complaints as shortness of breath after exposure to pepper spray. Patient was diagnosed with asthma in 2011. Objective findings: Examination of the chest revealed it was clear to percussion and auscultation. A lung function test was performed and showed no abnormal results. The patient's resting oxygen saturation rates on room air were 96%. An electrocardiogram was performed on 03/30/2014 and was notable for normal sinus rhythm and no acute changes. Diagnosis: 1. Shortness of breath on exertion.

IMR ISSUES, DECISIONS AND RATIONALES

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

High resolution CT chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic), CT (computed tomography)

Decision rationale: The Official Disability Guidelines recommend high-resolution CT of the chest for individuals with presumed interstitial lung disease or bronchiectasis. The patient has a history of asthma, but her pulmonary workup has been completely negative. There is no indication at this time for a high-resolution CT of the chest. High resolution CT chest is not medically necessary.

Echocardiogram 2D Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://content/onlinejacc.org/article.aspx?articleid=1144231&issueno=9>

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: Aetna Clinical Policy Bulletin: Color-Flow Doppler, Echocardiography in Adults, Policy reviewed September 2013

Decision rationale: The Official Disability Guidelines in the MTUS are silent on this issue. The Aetna Clinical Policy Guidelines state the following: Aetna considers color-flow (2D Echo) Doppler echocardiography in adults medically necessary for the following indications: Evaluation of aortic diseases; Evaluation of aortocoronary bypass grafts; Evaluation of hypertrophic cardiomyopathy (formerly known as idiopathic hypertrophic subaortic stenosis); Evaluation of prosthetic valves; Evaluation of septal defects; Evaluation of site of left-to-right or right-to-left shunts; Evaluation of the severity of valve stenosis and regurgitation. Aetna considers color-flow Doppler echocardiography in adults experimental and investigational for all other indications. There is no documentation of any of the above criteria. Echocardiogram 2D Doppler is not medically necessary.

Cardiopulmonary Exercise Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association

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: Clinician's Guide to Cardiopulmonary Exercise Testing in Adults, A Scientific Statement from the American Heart Association, *Circulation*. 2010; 122: 191-225 Published online before print June 28, 2010

Decision rationale: According to the American Heart Association, cardiopulmonary exercise testing is used for detecting systolic dysfunction, heart failure with normal ejection fraction, and unexplained dyspnea which has not been determined by history, physical examination, and basic screening tests performed at rest, including ECG, spirometry, hemogram, serum chemistries, and chest radiograph. There is no documentation of the necessary criteria which would warrant a cardiopulmonary exercise test. Cardiopulmonary Exercise Study is not medically necessary.