

Case Number:	CM14-0218651		
Date Assigned:	01/08/2015	Date of Injury:	03/28/2012
Decision Date:	04/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 59 year old female with a work injury dated 12/07/2013. The utilization review documents the mechanism of injury as cumulative trauma at work. She presented on 11/03/2014 for follow up. At that time she noted improvement in anxiety, depression, headaches and sleep quality. She was complaining of cervical spine, lumbar spine and left knee pain. Physical exam noted the lungs were clear to auscultation and heart rate and rhythm were regular. Prior records noted the injured worker (IW) had difficulty sleeping due to back pain, stress and anxiety. She had been instructed to follow a course of sleep hygiene. Diagnosis was: Sleep disorder, rule out obstructive sleep apnea. The provider requested a cardio-respiratory testing and Sudo-scan. On 12/05/2014 utilization review issued a decision determining the request not medically necessary citing the American Academy of Sleep Medicine and an article entitled SudoScan. The request was appealed to Independent Medical Review.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fishman AP, Editor in Chief. Fishman's Pulmonary diseases and Disorders, 4th Edition 2008 Exercise physiology.

Decision rationale: The American College of Cardiology/American Heart Association (ACC/AHA) Update of Practice Guidelines for Exercise Testing, published in 2002, list the following indications for ordering a functional Vo2 exercise test;#9679; Evaluation of exercise capacity and response to therapy in patients with heart failure (HF) who are being considered for heart transplantation. #9679; Assistance in the differentiation of cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea or impaired exercise capacity when the cause is uncertain. #9679; Evaluation of exercise capacity when indicated for medical reasons in patients in whom the estimates of exercise capacity from exercise test time or work rate are unreliable. #9679; The symptoms of exercise intolerance in HF, such as dyspnea on minimal exertion, fatigue, or both, result from a complex interplay of mechanisms originating from both the central and peripheral components of the oxygen transport system. These symptoms are nonspecific and may also be due to medication side effects or other coexisting conditions that may or may not be related to the underlying heart disease. The exercise test is often helpful for classifying disease severity for treatment decisions and in the differential diagnosis of exercise intolerance and symptoms of dyspnea and fatigue. The progress notes in the case file do not discuss any heart failure, dyspnea on exertion or heart disease requiring transplantation. This request is not medically necessary.

Sudo scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes Technol Ther. Nov 2013; 15(11): 948-953.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.sudoscan.com/http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817891/http://www.neurology.org/content/82/10_Supplement/P7.003.

Decision rationale: Upon review of the available evidence it appears that a SudoScan is used to evaluate for small fiber neuropathy in the feet of an individual. This is primarily aimed at diabetic neuropathy, The notes in the case file do not mention any neuropathic symptoms in the IW or a diagnosis of diabetes which would warrant testing. This request is not medically necessary.