MAXIMUS Federal Services

Case Number:	CM15-0002730		
Date Assigned:	01/13/2015	Date of Injury:	01/27/2005
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 injured worker is a 56-year-old male who reported an injury on 01/27/2005. The mechanism of injury was due to a slip and fall. Diagnoses include diabetes mellitus triggered by work related injury, hypertension triggered by work related injury, abdominal pain, acid reflux, and constipation. Medical treatment consists of a course of physical therapy, cortisone injections, and medication therapy. Medications include metformin, Humulin, benazepril, atenolol, carvedilol, atorvastatin, ibuprofen 800 mg, oxycd53, omeprazole 4 mg, and Amrix 30 mg. Diagnostics include x-rays and MRIs of the lumbar spine. On 10/22/2014, the injured worker was seen for complaints of musculoskeletal pain. Physical examination noted that there was no elevation in the jugular venous pressures. There were 2+ carotid upstrokes. There were no systolic or diastolic bruits noted. There was no lymphadenopathy or thyromegaly. The injured worker had a regular heart rate and rhythm, S1 and S2. There were no rubs or gallops appreciated. The lungs were clear to auscultation. There were no rales or wheezing appreciated. There was no dullness to percussion. There was no clubbing, cyanosis, or edema to the extremities. Medical treatment plan was for the injured worker to undergo labs, EKG, ICG, stress echo, cardio respiratory testing, and 2D echo with Doppler for further evaluation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICG (Impedance Cardiography): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/4084931 Cardiovasc Res. 1985 Dec; 19(12):737-43. Cardiac output measusred by impedance cardiogrpahy during maximal exercise tests. Tao KK, Hetherington MD, Haennel RG, Greenwood PV, Rossall RE, Kappagoda T.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary function testing.

Decision rationale: The request for ICG (impedance cardiography) is not medically necessary. The Official Disability Guidelines recommend pulmonary function testing for the diagnosis and management of chronic lung diseases. Lastly, it is recommended in the preoperative evaluation of injured workers who may have some degree of pulmonary compromise and require pulmonary resection or in the preoperative assessment of pulmonary injured worker. The submitted documentation did not indicate a diagnosis congruent with the above guidelines. There was also no indication of the injured worker being preoperative or having some degree of pulmonary compromise. Given the above, medical necessity has not been established. As such, the request is not medically necessary.