

<b>Case Number:</b>	CM15-0136156		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for hand, wrist, and finger pain reportedly associated with an industrial contusion injury of March 24, 2015. In a utilization review report dated June 12, 2015, the claims administrator failed to approve request for an initial functional capacity evaluation and cardiorespiratory diagnostic testing. The claims administrator referenced a June 3, 2015 RFA form and an associated May 28, 2015 DFR in its determination. The applicant's attorney subsequently appealed. On a separate RFA form dated June 3, 2015, an initial FCE, medication management consultation, and cardiorespiratory diagnostic testing were sought. The attending provider stated that the cardiorespiratory testing would be repeated every three months. A clear rationale for testing was not furnished. The applicant did apparently undergo the cardiorespiratory testing in question on May 28, 2015, the results of which were not reported. An associated doctor's first report (DFR) dated May 28, 2015 is notable for commentary that the applicant had continuing complaints of hand, wrist, and finger pain with associated difficulties with gripping and grasping. An initial FCE, acupuncture, medication management consultation, and the cardiorespiratory testing in question were endorsed. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE) initial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** No, the request for an initial functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering usage of functional capacity testing when necessary to translate medical impairment into limitations and/or restrictions and to determine work capability, here, however, it did not appear that the applicant was working as of the May 28, 2015 office visit on which the functional capacity evaluation (FCE) in question was ordered. A clear rationale for the FCE testing did not accompany the RFA form of June 3, 2015 or the associated DFR of May 28, 2015. It was not stated, in short, why FCE testing was sought in the clinical and/or vocational context present here. It was not clearly stated why FCE testing was sought in the face of the claimant's seeming failure to return to work. It was not clearly established that the applicant had a job to return to as of the date of the request. It was not clearly stated why an FCE was sought some 2-1/2 months removed from the date of injury, particularly when the applicant was asked to begin further conservative treatments such as acupuncture as of the May 28, 2015 office visit at issue. Therefore, the request was not medically necessary.

**Cardio respiratory diagnostic testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., Chapter 10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.thoracic.org/statements/resources/pfet/cardioexercise.pdf> American Thoracic Society/American College of Chest Physicians ATS/ACCP Statement on Cardiopulmonary Exercise Testing This Joint Statement of the American Thoracic Society (ATS) and the American College of Chest Physicians (ACCP) was adopted by the ATS Board of Directors, March 1, 2002 and by the ACCP Health Science Policy Committee, November 1, 2001 II. Indications for Cardiopulmonary Exercise Testing Idelle M. Weisman, Darcy Marciniuk, Fernando J. Martinez, Frank Sciruba, Darryl Sue, Jonathan Myers 1. Evaluation of Exercise Intolerance .2142. Unexplained Dyspnea 215, 3. Evaluation of Patients with Cardiovascular Disease.215, 4. Evaluation of Patients with Respiratory Disease 216, 4.1 Chronic Obstructive Pulmonary Disease (COPD) 4.2 Interstitial Lung Disease (ILD) 4.3 Chronic Pulmonary Vascular Disease (PVD) 4.4 Cystic Fibrosis 4.5 Exercise Induced Broncospasm (EIB), 5. Preoperative Evaluation 216, 5.1 Preoperative Evaluation for Lung Cancer Resectional Surgery 5.2 Lung Volume Reduction

Surgery (LVRS) 5.3 Evaluation for Lung or Heart-Lung Transplantation 5.4 Preoperative Evaluation of Other Procedures, 6. Exercise Prescription for Pulmonary Rehabilitation 217, 7. Evaluation of Impairment/Disability 217.

**Decision rationale:** Similarly, the request for cardiorespiratory diagnostic testing was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Thoracic Society (ATS) and American College of Chest Physicians (ACCP) note that indications for cardiopulmonary exercise testing include the evaluation of exercise intolerance, unexplained dyspnea, evaluation of applicants with cardiovascular or respiratory disease for preoperative evaluation purposes, etc., here, however, it was not clearly stated for what issue, diagnosis, purpose, and/or symptom the cardiorespiratory diagnostic testing in question was proposed. Little to no narrative commentary or rationale accompanied, the June 3, 2015 RFA forms and/or the associated progress note of May 28, 2015. It did not appear that the applicant had any active cardiac or pulmonary symptoms, which would have compelled the testing in question. Therefore, the request was not medically necessary.