

Case Number:	CM15-0180988		
Date Assigned:	09/22/2015	Date of Injury:	07/15/2011
Decision Date:	10/26/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York

Certification(s)/Specialty: Internal 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:

This is a 51 year old male with a date of injury of July 15, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for asbestos and chemical exposure. Medical records dated July 2, 2015 indicate that the injured worker complains of shortness of breath, nasal congestion, chest pain, back pain, neck pain, right shoulder pain, knee pain, and emotional stress. There was no physical examination or treatment history documented in the records submitted for review. The original utilization review (August 20, 2015) non-certified a request for cardiac treadmill testing, pulmonary treadmill testing, and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac treadmill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate 2015.

Decision rationale: Cardiac stress testing is an important diagnostic and prognostic tool in the evaluation and management of patients with known or suspected coronary heart disease. While stress testing can be performed in a variety of ways, the most commonly used and widely available stress testing modalities are exercise electrocardiography (ECG; non-imaging) and exercise or pharmacologic stress combined with imaging (stress echocardiography and stress radionuclide myocardial perfusion imaging [MPI]). In this case the patient's injury occurred 4 years ago and there is no documentation provided indicating the prior work-up and clinical course. There is no specific indication for the requested cardiac stress test. Medical necessity for the requested study is not established. The requested study is not medically necessary.

Pulmonary treadmill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pulmonary (Acute & Chronic) updated 5/27/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

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. In this case the patient's injury occurred 4 years ago and there is no documentation provided indicating the prior work-up and clinical course. There is no specific indication for the requested pulmonary stress test. Medical necessity for the requested study is not established. The requested study is not medically necessary.

Lab work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Laboratory studies can help to accurately determine differential diagnoses. In this case the patient's injury occurred 4 years ago and there is no documentation provided indicating the prior work-up and clinical course. There is no specific indication for the requested laboratory tests. Medical necessity for the requested laboratory studies is not established. The requested studies are not medically necessary.