

<b>Case Number:</b>	CM15-0193450		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, Texas

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:

The injured worker is a 39 year old male, who sustained an industrial-work injury on 11-12-10. A review of the medical records indicates that the injured worker is undergoing treatment for advanced respiratory insufficiency secondary to exposure to diacetyl at work, morbid obesity, and sleep apnea. Treatment to date has included pain medication, diagnostics, and rest, off of work, activity modifications, and other modalities. The stress echo report dated 8-13-15 was normal. The continuous positive airway pressure (CPAP) titration report dated 8-5-15 revealed obstructive sleep apnea syndrome. The ultrasound Doppler echocardiography study dated 3-27-15 reveals normal 4 chamber echocardiogram with normal left ventricular function and ejection fraction 67 percent and normal pulmonary artery pressure. Medical records dated 8-19-15 indicate that the injured worker complains of shortness of breath and difficulty with exertion and energy. He has many problems with performing activities of daily living (ADL). The physician indicates that he will probably need a lung transplant in the future. He is morbidly obese and attempts weight loss but has been unsuccessful. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-19-15 the injured worker is totally and permanently disabled. The physical exam dated 8-19-15 reveals that the injured worker is morbidly obese, breath sounds are diminished, and there is 1+ edema in the bilateral lower extremities (BLE). The physician indicates that the injured worker probably needs a cardiac catheterization to measure his pulmonary artery pressure. The request for authorization date was 9-3-15 and requested service included Cardiac Catheterization. The original Utilization review dated 9-11-15 non-certified the request for Cardiac Catheterization.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardiac Catheterization:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Clinical features and diagnosis of pulmonary hypertension in adults.

**Decision rationale:** The MTUS is silent regarding the use of cardiac catheter to evaluate a patient for pulmonary hypertension. According to Uptodate.com, diagnostic testing is indicated whenever pulmonary hypertension is suspected. The purpose of the diagnostic testing is to confirm that PH exists, determine its severity, and identify its cause. The evaluation begins with an echocardiogram. When the echocardiogram does not suggest PH, clinicians need to be guided by clinical suspicion. The diagnostic evaluation should be directed toward alternative diagnoses if the clinical suspicion for PH is low, whereas right heart catheterization should be considered if the clinical suspicion for PH is still high. In this case the patient has respiratory symptoms and is dependent on supplemental oxygen. The echocardiogram did not indicate pulmonary hypertension but the provider is suspicious that the patient has PH. The patient has an h/o obliterativ bronchiolitis and OSA with morbid obesity. The cardiac catheterization is medically appropriate to measure pulmonary artery pressure to determine the patient's diagnosis.