

Case Number:	CM15-0213284		
Date Assigned:	11/03/2015	Date of Injury:	07/15/2015
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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 62 year old female who sustained an industrial injury on 7-15-15. Medical records indicate that the injured worker has been treated for cervical sprain-strain, rule out discogenic pain; bilateral shoulder sprain-strain; bilateral wrist pain, strain-sprain, rule out carpal tunnel syndrome. She currently (9-1-15) complains of frequent neck, bilateral shoulder and wrist-hand pain. Physical exam of the cervical spine revealed tenderness over the bilateral cervical paraspinals, midline tenderness from C2 to T1, full range of motion with pain; shoulder exam revealed diffuse tenderness over the bilateral biceps and triceps with full range of motion with pain bilaterally; wrist-hand revealed diffuse tenderness with pain bilaterally. The request for authorization dated 9-1-15 was for Cardio-respiratory diagnosis (autonomic function testing); wellness assessment and 3-reporting. On 10-9-15 Utilization Review non-certified the retrospective request for retrospective Cardio-respiratory diagnosis (autonomic function testing); wellness assessment and 3-reporting (with date of service 9-1-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for the cardio respiratory (autonomic function testing), wellness assessment and reporting provided on 9/1/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/400_499/0485.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-Date.com, Functional exercise testing: Ventilatory gas analysis.

Decision rationale: The MTUS and ODG are silent regarding cardiopulmonary testing. According to Uptodate.com, 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: Evaluation of exercise capacity and response to therapy in patients with heart failure (HF) who are being considered for heart transplantation. A reproducible Vo₂max of less than 10 to 12 mL/kg per min is one of the minimum requirements for consideration for transplantation. 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. 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. In this case the patient has ongoing pain of the neck and upper extremities. The documentation doesn't support that she has any symptoms consistent with cardiopulmonary system or autonomic dysfunction. The request is not medically necessary.