

<b>Case Number:</b>	CM15-0055938		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 39-year-old female who sustained an industrial injury on 02/24/2009. Diagnoses include hypertension, palpitations and renal failure. According to the progress notes dated 2/5/15, the IW went to the emergency room for chest pain. There was no physical evaluation to review and the Objective Findings notes were mostly illegible. A request was made for a pulmonary treadmill test to rule-out coronary artery disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary treadmill test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference on Cardiopulmonary Exercise Testing: <http://www.thoracic.org/statements/resources/pfet/cardioexercise.pdf> - American Thoracic Society/American College of Chest Physicians Statement on Cardiopulmonary exercise testing, November 2001; American College of Cardiology/American Heart Association guidelines for cardiopulmonary exercise testing: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734442/tab:e/tbl3/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Cardiology/American Heart Association guidelines for cardiopulmonary exercise testing Aetna, Clinical Policy Bulletin Number: 0825: Cardiopulmonary Exercise Testing.

**Decision rationale:** Based on the 01/19/15 progress report provided by treating physician, the patient presents with neck pain radiating to bilateral shoulders, upper back pain radiating to the lower back, associated with tingling, low back pain radiating to bilateral legs, associated with weakness, bilateral hand pain associated with numbness and tingling, left wrist pain radiating to the arm, depression, irritability, sexual dysfunction, anxiety, difficult sleep with disruption in sleep-wake schedule, and controlled hypertension. The request is for Pulmonary Treadmill Test. The patient is on home exercise program and uses interferential unit for pain. Patient is off-work, per treater report dated 02/17/15. While MTUS and ODG guidelines are silent on the issue of Cardiorespiratory/Cardiopulmonary testing. The American College of Cardiology/American Heart Association guidelines for cardiopulmonary exercise testing states: Indicated: 1) Evaluation of exercise capacity and response to treatment in patients with heart failure who are being considered for heart transplantation. 2) 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. Good Supportive Evidence: Evaluation of exercise capacity when indicated for medical reasons in patients for whom the estimates of exercise capacity from exercise test time or work rate are unreliable. Weak Supportive Evidence: 1) Evaluation of the patient's response to specific therapeutic interventions in which improvement of exercise tolerance is an important goal or end point. 2) Determination of the intensity for exercise training as part of comprehensive cardiac rehabilitation. Not Indicated: Routine use to evaluate exercise capacity. Aetna, Clinical Policy Bulletin Number: 0825: Cardiopulmonary Exercise Testing considers cardiopulmonary exercise testing (CPET) medically necessary "after performance of standard testing, including echocardiography, and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation (6-minute walk test)." In this case, patient has a history of hypertension, and per progress report dated 02/05/15, the patient went to ER due to chest pain. Patient's diagnosis per Request for Authorization form dated 02/09/15 includes hypertension, palpitations and renal failure. RFA dated 02/09/15 also states "treatment plan: patient is to finish studies; will order treadmill test to rule out coronary artery disease." Request for Cardiac treadmill and follow up visit has been included in same RFA. While MTUS, ACOEM and ODG guidelines are silent on cardio-respiratory testing, Aetna supports its use after standard testing. Given patient's symptoms and diagnosis, the requested diagnostic exam appears reasonable. Therefore, this request is medically necessary.