

Case Number:	CM15-0084130		
Date Assigned:	05/06/2015	Date of Injury:	11/01/2011
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: California
 Certification(s)/Specialty: Emergency 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 (IW) is a 44 year old female who sustained an industrial injury on 11/01/2011. She reports worsening weakness and malaise. She notes palpitations, jaw pain, vision problems, and headaches. The injured worker was diagnosed as having osteomyelitis of the jaw, secondary to methicillin resistant staphylococcus aureus infection; hip and thigh pain with paresthasias of the arms secondary to medication; abdominal pain, acid reflux, likely secondary to stress; rule out ulcer/anatomical alteration; constipation/diarrhea, secondary to stress; rule out irritable bowel syndrome; shortness of breath, likely secondary to anxiety; sleep disorder, rule out obstructive sleep apnea; psychiatric diagnosis; history of thrombocytosis; hypertension, will continue to monitor to rule out industrial aggravation; status-post staphylococcus infection; and hyperlipidemia. Treatment to date has included consultations and treatment by infectious disease physicians, pain specialists and neurologists. She has had pain medications, antibiotics, and hyperbaric oxygen. Currently, the injured worker complains of worsening weakness, worsening palpitations, worsening jaw bone pain, worsened vision, and unchanged headaches. Her blood pressure is 140/80 at home and she notes constipation secondary to her medication intake. A request for authorization was submitted on 02/10 for a cardio-respiratory test. On 04/02/2015 the Utilization Review agency denied the requested Cardio-Respiratory test citing Official Disability Guidelines (ODG), Pulmonary-Pulmonary function testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary-Pulmonary function testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pulmonary: Pulmonary function testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. It is unclear what "Cardio-pulmonary test" is being requested from records. It is assumed to be pulmonary function testing. As per Official Disability Guidelines, pulmonary testing is recommended in patients with asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. Patient has no documentation of any heart disease or any respiratory disease. Only note states are issues with shortness of breath due to anxiety. There is no rationale documented anywhere by providers despite requesting this test for 6 months. There is no documentation of any abnormal vital signs, abnormal EKGs, Chest X-rays or any issues that warrant cardio or pulmonary testing. Poor documentation concerning rationale or need for testing does not support request for "Cardio-pulmonary test". Therefore the request is not medically necessary.