MAXIMUS Federal Services

| Case Number: | CM15-0086489 | | |
|---|---|---|---|
| Date Assigned: | 05/08/2015 | Date of Injury: | 07/07/2013 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

## 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, Indiana, 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:

The injured worker is a 34 year old male who sustained an industrial injury on 7/7/13. He had complaints of right knee pain and was diagnosed with right knee internal derangement. Primary treating physician's progress note dated 2/18/15 reports complaints of frequent right knee pain rated 3/10 with slight improvement since last exam. Diagnoses include right knee chondromalacia patella, status post right knee surgery June 2014. Plan of care includes: continue postoperative physical therapy for right knee. Work status; temporarily totally disabled until 5/13/15. Follow up in 4-6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-Respiratory Testing (Cardiovagal Innervation, Vasomotor Adrenergic Innervation, EKG electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pulmonary section (Acute & Chronic); The Merck Manual for Health Care Professionals, Cardiovascular Disorders, Cardiovascular Tests & Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/800_899/0825.html.

**Decision rationale:** Pursuant to the Aetna Clinical Policy Bulletin (#0825), cardiorespiratory testing to include cardio vagal innervation, vasomotor adrenergic innervation and EKG is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in the enumerated conditions (see attached link) after performance of standard testing including echocardiography and pulmonary function testing with measurement of diffusion passively and measurement of oxygen desaturation (six minute walk test): development of exercise prescription to determine intensity of exercise training in cardiac and pulmonary rehab programs; differentiated cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea evaluate exercise capacity and response to therapy in individuals with chronic heart failure who are being considered for heart transplantation or other advanced therapies; etc. In this case, injured worker's working diagnoses are right knee chondromalacia patella; and status post right knee surgery June 2014. The date of injury is July 7, 2013. The medical record contains 24 pages. There is one progress note dated February 18, 2015. The documentation subjectively states 3/10 right knee pain. Objectively, flexion is 140 and extension 0. The treatment plan recommends continuing post-office for therapy. There is no clinical indication, rationale for discussion or treatment plan for cardiorespiratory testing to include cardio vagal innervation, vasomotor adrenergic innervation and EKG. Consequently, absent clinical documentation with the clinical indication and rationale, cardiorespiratory testing to include cardio vagal innervation, vasomotor adrenergic innervation and EKG is not medically necessary.

**Pulmonary Function Testing- Spirometry (diagnostic testing to screen and rule out: RPA (right pulmonary artery), SDB (sleep disordered breathing), OSA (obstructive sleep apnea), CSR (complete surgical repair) & Dysplnea):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pulmonary section (Acute & Chronic); The Merck Manual for Health Care Professionals, Cardiovascular Disorders, Cardiovascular Tests & Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/303239-overviewhttp://www.aetna.com/cpb/medical/data/1_99/0032.html.

**Decision rationale:** Pursuant to Medscape and Aetna, pulmonary function testing-spirometry (diagnostic testing to screen and rule out: right pulmonary artery, sleep disorder breathing, obstructive sleep apnea and complete surgical repair and dyspnea is not medically necessary. Spirometry is used to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, monitor effects of therapies used to treat respiratory disease, evaluate respiratory impairment, evaluate operative risk, and perform surveillance for occupational- related lung disease. In this case, injured worker's working diagnoses are right knee chondromalacia patella; and status post right knee surgery June 2014. The date of injury is July 7, 2013. The medical record contains 24 pages. There is one progress note dated February 18, 2015. The documentation subjectively states 3/10 right knee pain. Objectively, flexion is 140 and extension 0. The treatment plan recommends continuing post-office for therapy. There is no clinical indication, rationale for discussion or treatment plan for cardiorespiratory testing to include cardio vagal innervation, vasomotor adrenergic innervation and EKG. Consequently, absent clinical documentation with the clinical indication and rationale, pulmonary function testing-

spirometry (diagnostic testing to screen and rule out: right pulmonary artery, sleep disorder breathing, obstructive sleep apnea and complete surgical repair and dyspnea) is not medically necessary.