

Case Number:	CM14-0119903		
Date Assigned:	09/16/2014	Date of Injury:	02/28/2013
Decision Date:	10/31/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 02/28/2013. The injured worker sustained a severe injury at work when reportedly, the injured worker presented to the emergency room with the gradual onset of left sided headache the night before, prior to sleep, and was associated with right arm tingling. He woke up the following morning with worsened headache, facial drooping, and right arm numbness. Shortly after initial evaluation in the emergency room, the injured worker was admitted to the hospital with cerebrovascular accident versus transient ischemic attack versus Bell's palsy. The injured worker's treatment history included labs, x-rays studies, MRI studies, psychiatric sessions, medications, and epidural steroid injections. The injured worker was evaluated on 07/07/2014 and it was documented that the injured worker the provider noted improvement of abdominal pain and acid reflux with medications. He noted diarrhea was less frequent than constipation. Moreover, he also noted no change in his sleep quality. The physical examination revealed the cardiovascular had a regular rate and rhythm, S1 and S2. There were no rubs or gallops appreciated. The lungs were clear to auscultation. There were no rales or wheezes appreciated. There was no dullness to percussion. It was documented that the injured worker had a cardiorespiratory test performed; however, the results were not submitted for this review. On 06/04/2014 the injured worker had undergone a cardiorespiratory diagnostic test that revealed abnormal responses to autonomic challenges (DB Valsalva, or standing) suggests autonomic dysfunction. Accordingly, the injured worker will require further pulmonary/respiratory diagnostic testing in order to further measure the injured worker's respiratory functioning and screen for any other respiratory issues due to pulmonary/respiratory abnormalities, including obstructions of the airway and sleep disorder breathing. Injured worker diagnoses included abdominal pain, acid reflux rule out ulcer/anatomic alteration, constipation/diarrhea rule out irritable bowel syndrome, sleep disorder rule

out obstructive sleep apnea, and H. Pylori positive IgG antibody. The Request for Authorization dated 07/07/2014 was for cardiorespiratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Jurca, R., Jackson, A. S., LA Monte, M. J., Morrow Jr, J. R., Blair, S. N., Wareham, N. J., & Laukkanen, R. (2005). Assessing Cardiorespiratory Fitness Without Performing Exercise Testing. *American Journal of Preventive Medicine*, 29(3), 185-193.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Jurca, R., Jackson, A. S., LA Monte, M. J., Morrow Jr, J. R., Blair, S. N., Wareham, N. J., & Laukkanen, R. (2005). Assessing Cardiorespiratory Fitness Without Performing Exercise Testing. *American Journal of Preventive Medicine*, 29(3), 185-193.

Decision rationale: The requested is not medically necessary. According to the *American Journal of preventive medicine*, 29(3), 185-193 state that Low cardiorespiratory fitness (CRF) is associated with increased risk of chronic diseases and mortality; however, CRF assessment is usually not performed in many healthcare settings. The purpose of this study is to extend previous work on a non-exercise test model to predict CRF from health indicators that are easily obtained. The request for cardiorespiratory diagnostic testing, repeated 3 months is not supported at this there is a concurrent request for general medical consultation and the outcome of this evaluation should be established prior of additional diagnostic tests as there is no evidence of cardio respiratory instability such as HTN, SOB or angina noted at this time. The documents that were submitted indicated the injured worker had already undergone cardiorespiratory testing on 06/04/2014 that revealed abnormal responses to autonomic challenges (DB, Valsalva, or standing) suggesting autonomic dysfunction. It was noted accordingly, the injured worker required further pulmonary/respiratory diagnostic testing in order to further measure the injured worker's respiratory functioning and screen for any other respiratory issues due to pulmonary/respiratory abnormalities, including obstructions of airway and sleep disorder breathing. The provider failed to indicate the rationale as to why he was requiring a second study. As such, the request for cardiorespiratory testing is not medically necessary.