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| Case Number: | CM14-0094352 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/29/2010 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 55 year old patient had a date of injury on 3/29/2010. The mechanism of injury was not noted. In a progress noted dated 2/6/2014, subjective findings included poorly controlled blood glucose levels at home, waking up several times to urinate, which has led to poor sleep quality. He reports improvement with gastroesophageal reflux symptoms with medications. On a physical exam dated 2/6/2014, objective findings included a blood pressure (BP) 167/103mmhg, heart rate 84 bpm, blood glucose at 212 mg/dl. Diagnostic impression shows diabetes mellitus, hypertension, blurred vision, and sleep disorder. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/10/2014 denied the request for cardio-respiratory testing, stating that there was a request certified on 3/26/2014 with no explanation of what exactly this entails or what results were except for quick exam of heart at each visit and bp/pulse, which are expected portions of internal medicine exam and further testing is not described. There was no explanation as to what this entails and why there is such a frequent testing ongoing without results discussed.

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 cite any medical evidence for its decision.

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:<http://www.shapesense.com/fitness-exercise/articles/cardiorespiratory-fitness.aspx>.

Decision rationale: MTUS and ODG do not apply. The UR decision dated 6/10/2014 did not reference any official guidelines. A search of online resources found an article titled "Cardiorespiratory Fitness" indicates that cardio-respiratory testing measures VO₂ (volume of oxygen) max, which is a measurement of the maximum of oxygen that a body is capable of consuming to generate energy used at the cellular level. Official guidelines for this requested test could not be found. In the notes reviewed, and in the latest progress report dated 2/7/2014, there were no lab tests available for review. Furthermore, there was no rationale provided regarding the purpose of this test in this particular case. The reason for this test is unclear. Therefore, the request for cardio-respiratory testing is not medically necessary.