

Case Number:	CM14-0095521		
Date Assigned:	07/25/2014	Date of Injury:	10/17/2013
Decision Date:	09/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine, and is licensed to practice in California. 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 is a 29 year old male with a 10/17/13 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 6/4/14 reported subjective complaints of ongoing, mild, intermittent and episodic palpitations, chest pain, and shortness of breath. A normal cardiopulmonary exam was noted. The patient had an essentially normal cardiac echo on 5/30/14. He also had a normal EKG. In 2013 the patient underwent bronchoscopy and was diagnosed with aspergillosis of the lungs. Diagnostic Impression: chemical exposure, shortness of breath, asthma, aspergillosis Treatment to Date: medication management A UR decision dated 6/29/14 denied the request for glucose, reagent strip. Glucose check should be performed with venipuncture. It also denied the request for cardio treadmill. The claimant is 29 years old with no cardiac risk factors. EKG was done and not reported to be abnormal. It also denied a request for pulmonary treadmill. The claimant has respiratory complaints but the baseline pulmonary function tests are not available. It also denied a request for methacholine. The claimant has respiratory complaints but baseline PFTs are not available. He has well-controlled asthma. The request can be considered after PFTs are done. Per ODG, methacholine challenge testing (MCT) is clinically useful when the patient presents with history of symptoms suggesting asthma, but spirometry findings are abnormal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio treadmill: 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://en.wikipedia.org/wiki/Cardiac_stress_test.

Decision rationale: CA MTUS does not address this issue. Cardiac Treadmill is a type of cardiac stress test used to measure the heart's ability to respond to external stress in a controlled clinical environment. This test can be used to diagnose ischemic heart disease. Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care. Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral artery disease, or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure. The patient does have vague complaints of chest pain and shortness of breath. However, he is also 29 years of age, has no documented cardiac risk factors, and has pre-existing diagnoses of asthma, chemical exposure, and aspergillosis. He also had had a normal EKG. It is unclear why cardiac treadmill would be of benefit. Therefore, the request for cardio treadmill was not medically necessary.

Pulmonary treadmill: 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 Chapter, Pulmonary Function Testing.

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.mmchs.org/Portals/0/Documents/Cardiac%20Rehabilitation%20Program/Pulmonary%20Treadmill%20Stress%20Test.pdf> http://en.wikipedia.org/wiki/Cardiac_stress_test.

Decision rationale: CA MTUS does not address this issue. In review of online resources, Pulmonary treadmill stress test is a regular treadmill stress test with the addition of pulse oximetry. Cardiac Treadmill is a type of cardiac stress test used to measure the heart's ability to respond to external stress in a controlled clinical environment. This test can be used to diagnose ischemic heart disease. Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care. Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral artery disease, or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure. Our patient does have vague complaints of chest pain and shortness of breath. However, he is also 29 years of age, has no documented cardiac risk factors, and has pre-existing diagnoses of asthma, chemical exposure, and aspergillosis. He also had had a normal EKG. It is unclear why cardiac treadmill would be of benefit. Therefore, it is unclear why pulmonary treadmill testing would be of benefit. Furthermore, the patient has pending PFTs which may help to explain his symptomatology. Therefore, the request for pulmonary treadmill was not medically necessary.

Methacholine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that pulmonary function testing is recommended and separated into simple spirometry and complete pulmonary function testing. Recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. Other tests of pulmonary function useful in asthma include the spirometry before and after the use of a bronchodilator or after the use of a bronchoconstrictor (generally followed by a bronchodilator). The use of a bronchoconstricting agent is termed "bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, and putative occupational chemical exposures), physical agents (cold air, dry air), and exercise. The patient has a known diagnosis of asthma. He also has a prior diagnosis of pulmonary aspergillosis and historical chemical exposure. He has subjective complaints of chest pain and shortness of breath. Complete PFTs including bronchoprovocation are indicated. Therefore, the request for Methacholine was medically necessary.

Glucose, reagent strip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw8252.html>.

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://medical-dictionary.thefreedictionary.com/reagent+strip>.

Decision rationale: CA MTUS does not address this issue. Online resource reviewed defines reagent strip as "a strip of impregnated with a reagent to a given substance, used in testing for that substance in a body fluid or other secretion. However, the patient does not have any documented history of diabetes. He is approved for blood tests that will screen for abnormal blood glucose. It is unclear why he would need additional glucose reagent strips. Therefore, the request for glucose, reagent strip was not medically necessary.