

Case Number:	CM14-0105182		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2003
Decision Date:	04/24/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 76-year-old male who reported an injury on 10/30/2003. The mechanism of injury involved a fall. The current diagnoses include abdominal pain, constipation secondary to medication, gastroesophageal reflux disease, hypertension, hyperlipidemia, sleep disorder, sexual dysfunction, tinnitus, orthopedic complaints, anemia, hepatomegaly, and left flank pain. The injured worker presented on 05/27/2014 for a follow up evaluation. The injured worker reported left flank pain for 15 days with dark stools and worsening epigastric pain. The injured worker had 2 episodes of vomiting after meals in the past 2 days. The injured worker denied chest pain, shortness of breath, palpitations, fever, or chills. The injured worker's past medical history was remarkable for an angioplasty in 2009, coronary artery disease, 2 left knee surgeries, right knee surgery, myocardial infarction in 2010, and lumbar spine surgery in 2009. Upon examination, the injured worker's lungs were clear to auscultation and heart rate was regular with normal rhythm. There were no rubs or gallops appreciated. There were no rales or wheezes appreciated. Vital signs were documented as a blood pressure of 128/71 and a heart rate of 88. Recommendations at that time included a stress echocardiogram, an EKG, and cardiorespiratory testing. The injured worker was also instructed to continue with the current medication regimen. An ophthalmology consultation and a cardiology consultation were requested. A Request for Authorization form was then submitted on 05/27/2014.

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 Based on professional experience.

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, Pulmonary function testing.

Decision rationale: The Official Disability Guidelines recommend pulmonary testing as indicated. In this case, there were no signs or symptoms suggestive of an abnormality secondary to cardio or pulmonary disease. The injured worker denied symptoms of chest pain and shortness of breath. There was no evidence of a medical history of congestive heart failure or angina. The injured worker was also noted to have a normal cardiovascular and respiratory examination. The medical necessity for cardio-respiratory testing has not been established in this case. Therefore, the request is not medically appropriate.