

Case Number:	CM15-0119710		
Date Assigned:	06/30/2015	Date of Injury:	03/01/2008
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 (IW) is a 58-year-old female who sustained an industrial injury on 03/01/2008. The mechanism of injury and initial report of injury are not found in the records reviewed. Her diagnoses are: shortness of breath with history of exposure to fumes, cephalgia, sleep disorder, and orthopedic and psychiatric diagnoses. In the visit of 03/24/2015, the IW reported unchanged shortness of breath, unchanged headaches, and unchanged sleep quality. On examination, her lungs are clear with no rales or wheezes, and they have no dullness to percussion. The worker has a regular heart rate and rhythm with no gallops or rubs appreciated in S1 and S2. Her electrocardiogram of 02/25/2015 shows a non-specific T wave abnormality. There is no clubbing cyanosis or edema of the extremities. Medications include Singular, Fluticasone, Tramadol, and Famotidine. Treatment plans include medications, dietary instruction and instruction in sleep hygiene. The worker is also referred to a toxicologist, and pulmonary and cardiac testing is ordered. A request for authorization is made for the following: 1. pulmonary function test (PFT), and 2. Stress echo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary function test (PFT): 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 Medscape Internal Medicine 2014.

Decision rationale: Pulmonary Function Testing (PFT) is a complete evaluation of the respiratory system including patient history, physical examinations, chest x-ray examinations, arterial blood gas analysis, and tests of pulmonary function. The primary purpose of pulmonary function testing is to identify the severity of pulmonary impairment. Pulmonary function testing has diagnostic and therapeutic roles and helps clinicians answer some general questions about patients with lung disease. PFTs are normally performed by a respiratory therapist. In this case, the claimant has a history of asthma but there is no documentation of any abnormalities on physical exam. There is no specific indication for the requested pulmonary function tests. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Stress echo: 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 Medscape Internal Medicine 2014.

Decision rationale: Echocardiography enables dynamic evaluation of cardiac structure and function at rest and during stress provoked by exercise or a pharmacologic agent. Two-dimensional echocardiographic imaging performed during or immediately after stress is used primarily to detect the presence (or absence) and extent of ischemia secondary to obstructive coronary artery disease and to measure or estimate overall ventricular systolic function. In addition, Doppler echocardiographic imaging performed during or after exercise stress allows for evaluation of valvular function, pulmonary artery pressure, and left ventricular diastolic function. The two major types of stress echocardiography are exercise (treadmill or bicycle) stress echocardiography and pharmacologic (predominantly dobutamine) stress echocardiography. There is no documentation of any physical exam abnormalities, previous EKG or CXR. There is no specific indication for a stress echocardiogram. Medical necessity for the requested study is not established. The requested stress echocardiogram is not medically necessary.