

<b>Case Number:</b>	CM15-0123838		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on 1/27/12. He reported injury to his low back, left shoulder and left wrist after a motor vehicle accident. The injured worker was diagnosed as having left shoulder impingement, L4-S1 grade I spondylolisthesis and status post L2-L3 decompression with disc and foraminal stenosis. Treatment to date has included a lumbar MRI on 2/18/15, physical therapy x 12 sessions, Relafen, Gabapentin and NSAIDs. As of the PR2 dated 5/12/15, the injured worker reports pain in his left shoulder and lower back. He rates his left shoulder pain a 7/10 and his lower back pain an 8-9/10. Objective findings include decreased lumbar and left shoulder range of motion, a negative straight leg raise test and a positive Neer sign. The treating physician requested a treadmill examination to identify vascular or neurological claudication and distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treadmill examination, Qty 1:** Overturned

**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 ACC/AHA 2005 guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic): a collaborative report from the American Association for Vascular Surgery/Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease). 2011 ACCF/AHA focused update of the guideline for the management of patients with peripheral artery disease (updating the 2005 guideline). A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. National Guideline Clearinghouse (NGC), Agency for Healthcare Research and Quality (AHRQ), Accessed on 8/1/2015 at <http://www.guideline.gov/content.aspx?id=35548>.

**Decision rationale:** MTUS guidelines and the ODG do not address the use of treadmill testing, therefore, alternative guidelines were consulted. Per the cited guidelines, the use of treadmill exercise testing with and without ABI assessments and 6-minute walk test is recommended with the benefit greatly outweighing the risks as follows: 1. Exercise treadmill tests are recommended to provide the most objective evidence of the magnitude of the functional limitation of claudication and to measure the response to therapy. 2. A standardized exercise protocol (either fixed or graded) with a motorized treadmill should be used to ensure reproducibility of measurements of pain-free walking distance and maximal walking distance. 3. Exercise treadmill tests with measurement of pre-exercise and post-exercise ABI values are recommended to provide diagnostic data useful in differentiating arterial claudication from non-arterial claudication ("pseudoclaudication"). 4. Exercise treadmill tests should be performed in individuals with claudication who are to undergo exercise training (lower extremity PAD rehabilitation) so as to determine functional capacity, assess nonvascular exercise limitations, and demonstrate the safety of exercise. In addition, these guidelines report that a 6-minute walk test may be reasonable to provide an objective assessment of the functional limitation of claudication and response to therapy in elderly individuals or others not amenable to treadmill testing. The request for Treadmill examination, Qty 1 is determined to be medically necessary.