

<b>Case Number:</b>	CM15-0144999		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69 year old female, who sustained an industrial injury on 9-14-12. She reported pain in her lower back, right knee and right ankle related to a fall. The injured worker was diagnosed as having abdominal pain, acid reflux and sleep disorder. Treatment to date has included physical therapy, chiropractic treatments, a knee brace, Miralax and Motrin. As of the PR2 dated 5-18-15, the injured worker reports continued pain in the lumbar spine, right knee and right ankle. She is also having sleeping difficulties, depression, anxiety, stress, acid reflux, abdominal pain, nausea and constipation. The injured worker reported gasping for air while sleeping and stomach acids coming up into her mouth at night. The review of systems indicated normal heart sounds, no chest pain or syncope and abdominal pain and nausea. The treating physician requested a 2D echo, a cardio-respiratory test and a body composition study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D Echo:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/19357029>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography.  
<http://emedicine.medscape.com/article/1820912-overview>.

**Decision rationale:** According to Medscape guidelines, echocardiography is indicated in case of cardiomyopathy and other cardiac conditions. There is no documentation of any cardiac issues in the patient's file and the need for echocardiogram is unclear. Therefore, the request for 2D Echo is not medically necessary.

**Cardio-respiratory testing, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih/pubmed/16168867>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary Function Testing.  
<http://emedicine.medscape.com/article/303239-overview>.

**Decision rationale:** According to Medscape, Cardiopulmonary testing is used to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, monitor effects of therapies used to treat respiratory disease, evaluate respiratory impairment, evaluate operative risk, and perform surveillance for occupational-related lung disease. There is no documentation that the patient is suffering from a pulmonary condition requiring pulmonary testing. Furthermore, there is no evidence that the patient is receiving a respiratory treatment or have any of the conditions mentioned above. Therefore, the request for Cardiopulmonary testing is not medically necessary.

**Body composition study, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12588575>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Body Mass Index.  
[http://www.medscape.com/viewarticle/777964\\_2](http://www.medscape.com/viewarticle/777964_2).

**Decision rationale:** According to Medscape, body mass index is used as a guide in obese patients. Many primary care clinicians include BMI in the vital signs collected on all patients. In clinical care, it can be useful as an ice breaker to initiate discussions about weight and weight-related health issues. It helps destigmatize weight issues and shifts focus from pounds to overall health. There is no clear evidence that the patient is suffering from obesity and there is no clear rationale from requesting a body mass index. Therefore, the request for Body composition study, QTY: 1 is not medically necessary.