MAXIMUS Federal Services

Case Number:	CM15-0065578		
Date Assigned:	04/13/2015	Date of Injury:	10/04/2010
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male with an industrial injury dated October 4, 2010. The injured worker diagnoses include status post percutaneous drainage secondary to perforated bowel, gastroesophageal reflux disease secondary to stress and NSAIDS, irritable bowel syndrome secondary to stress, internal hemorrhoids, secondary to constipation, hypertension with left ventricular hypertrophy, and secondary to chronic. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/9/2015, the injured worker reported right lower quadrant pain, fatigue and continual difficulty sleeping. The injured worker also reported lumbar spine pain associated with shocking sensation that radiates down to his toes as well as a right hip clicking. Objective findings revealed clear lungs, regular heart rate and rhythm, and abdominal tenderness noted to the right upper and lower quadrant. The treating physician prescribed cardio respiratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio respiratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual: Overview of the Autonomic Nervous System.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://labtestsonline.org/.

Decision rationale: Regarding the request for cardiorespiratory test, CA MTUS and ODG do not address the issue. Within the documentation available for review, there is no clear identification of which specific type of testing is being request. There are many different tests available to evaluate the cardiac and respiratory systems and, without specific information regarding which ones are being requested, there is no clear indication for such testing. In light of the above issues, the currently requested cardiorespiratory test is not medically necessary.