

Case Number:	CM15-0092394		
Date Assigned:	05/18/2015	Date of Injury:	03/27/2010
Decision Date:	06/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, 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 is a 49-year-old female who sustained an industrial injury on March 27, 2010. She has reported injury to her back and has currently been diagnosed with gastropathy; suspect ulcer/anatomical alteration, gastroesophageal reflux disease, constipation, and sleep disorder. Treatment has included medications, physical therapy, chiropractic care, and modified work duty. Currently the injured worker was being seen for constipation and acid reflux. Lung sounds were clear. Heart rate was a regular rate and rhythm. Abdomen was soft with normoactive bowel sounds. There was no clubbing, cyanosis, or edema to the lower extremities. Laboratory tests that were in place were a GI profile, urinalysis, and a urine toxicology screening. The treatment request included a GI profile and cardio-resp testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, G.I. profile is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are gastropathy; gastroesophageal reflux disease; constipation; sleep disorder; psychiatric diagnosis; and orthopedic diagnoses. Subjectively, according to a March 9, 2015 progress note, the injured worker reports constipation and acid reflux. Physical examination of the abdomen was unremarkable with a soft abdomen and normal bowel sounds. The treatment plan indicated GI profile was requested. A GI profile varies from lab to lab. Specific tests must be delineated when making a request for a GI profile. Additionally, there is no clinical indication or rationale for the G.I. profile. Consequently, absent clinical documentation with specific tests delineated (in a GI profile), G.I. profile is not medically necessary.

Cardio-Step Testing: 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
http://www.aetna.com/cpb/medical/data/800_899/0825.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin (#0825), Cardio-Step Testing is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in the enumerated conditions (see attached link) after performance of standard testing including echocardiography and pulmonary function testing with measurement of diffusion passively and measurement of oxygen desaturation (six minute walk test): development of exercise prescription to determine intensity of exercise training in cardiac and pulmonary rehab programs; differentiated cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea evaluate exercise capacity and response to therapy in individuals with chronic heart failure who are being considered for heart transplantation or other advanced therapies; etc. In this case, the injured worker's working diagnoses are gastropathy; gastroesophageal reflux disease; constipation; sleep disorder; psychiatric diagnosis; and orthopedic diagnoses. Subjectively, according to a March 9, 2015 progress note, the injured worker reports constipation and acid reflux. Physical examination of the abdomen was unremarkable with a soft abdomen and normal bowel sounds. The treating provider requested cardiopulmonary testing. There was no clinical indication or rationale in the medical record for cardiopulmonary testing. The subjective of section, according to a March 9, 2015 progress note, did not contain complaints of shortness of breath or heart related symptoms. Objectively, lungs were clear; there were no rales or wheezes documented. Consequently, absent clinical documentation with a clinical indication or rationale for cardiorespiratory testing, Cardio-Step Testing is not medically necessary.