

Case Number:	CM13-0041422		
Date Assigned:	12/20/2013	Date of Injury:	01/09/2013
Decision Date:	09/17/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37-year-old female who reported an industrial injury to her shoulder on 1/9/2013, 20 months ago, attributed to the performance of her customary job tasks as a laborer in a laundry. The patient was noted to have been exposed to cleaning agents while employed by the laundry. There were no documented subjective complaints to the chest/lungs or any reported persistent SOB as was reported on the DOI. There were no objective findings on examination documented. The patient complained of palpitations occasionally, which was stated to be due to stress. The patient was losing weight by exercising and only reported the occurrence of palpitations as one per month. The patient was noted to have normal EKG; normal labs; Hb A1C of 5.7; normal hepatitis screen; normal thyroid; allergy screening with positive reaction to cobalt chloride hexhydrate; Chest x-ray demonstrated active disease; negative reactive airway disease; Abdominal sonogram with fatty infiltration of the liver; Treadmill test negative for CAD; negative peripheral neuropathy. The patient was ordered PFTs

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY FUNCTION TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter--PFTs.

Decision rationale: The request for authorization was not supported with subjective or objective findings on examination. The PFTs were requested as a screening examination without a rationale to support medical necessity. There was no demonstrated medical necessity for the requested PFTs 20 months after the date of injury for the reported symptoms of palpitations and prior SOB. The patient was not noted to have any airway testing in the office with a portable spirometry prior to requesting PFTs. There is no objective evidence provided on examination, 20 months after the DOI, of a pulmonary injury or reactive airway disease. The patient is not noted to have dyspnea or shortness of breath at the present time. There is no noted etiology or cause with the PFTs being provided as screening testing. There is no documentation of any objective findings to the pulmonary system or lung examination in the Objective findings on examination. There is no documented portable office measurements of the FVC or FEV1 upon examination. The requesting provider has established no nexus for the requested PFTs to the effects of the industrial injury versus the incidental findings associated with the underlying medical issues of the patient. The request was a screening study to rule out interstitial lung disease. Therefore, the request is not medically necessary.