

<b>Case Number:</b>	CM13-0050754		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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 physician reviewer was selected based on 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. 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:

The patient is a 62-year-old male who reported an injury on 02/28/2013. The patient is diagnosed with reactive airway disease, hypertension, diabetes mellitus, and adjustment disorder. The patient was recently seen on 10/18/2013. The patient reported shortness of breath when exercising. Physical examination was not legibly provided. Treatment recommendations included continuation of ProAir, as well as a pulmonary treadmill study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Pulmonary treadmill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary Function Testing, Office Visits.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state the first step in managing delayed recovery is to document the patient's current state of functional ability and the recovery trajectory to date as a timeline. A number of functional assessment tools are available when re-assessing functional and functional recovery.

Official Disability Guidelines state pulmonary function testing is recommended as indicated. The medical necessity for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical documentation submitted, the patient maintains a diagnosis of reactive airway disease. The patient has been treated with ProAir. Although the requested studies may be considered, given the patient's history, comorbidities, and shortness of breath, clear documentation of the patient's current cardiopulmonary symptoms and physical examination findings were not provided on the requesting date of 10/18/2013. There was also no documentation of any previous screening diagnostic studies performed. The medical necessity for the requested procedures has not been established. Additionally, the request for a followup visit is also not established. The request is non-certified

**Decision for Follow up visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary Function Testing, Office Visits.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state the first step in managing delayed recovery is to document the patient's current state of functional ability and the recovery trajectory to date as a timeline. A number of functional assessment tools are available when re-assessing functional and functional recovery. Official Disability Guidelines state pulmonary function testing is recommended as indicated. The medical necessity for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical documentation submitted, the patient maintains a diagnosis of reactive airway disease. The patient has been treated with ProAir. Although the requested studies may be considered, given the patient's history, comorbidities, and shortness of breath, clear documentation of the patient's current cardiopulmonary symptoms and physical examination findings were not provided on the requesting date of 10/18/2013. There was also no documentation of any previous screening diagnostic studies performed. The medical necessity for the requested procedures has not been established. Additionally, the request for a followup visit is also not established. The request is non-certified.

**Decision for Cardiac Treadmill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary Function Testing, Office Visits.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state the first step in managing delayed recovery is to document the patient's current state of functional ability and the recovery trajectory to date as a timeline. A number of functional assessment tools are available when re-assessing functional and functional recovery. Official Disability Guidelines state pulmonary function testing is recommended as indicated. The medical necessity for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical documentation submitted, the patient maintains a diagnosis of reactive airway disease. The patient has been treated with ProAir. Although the requested studies may be considered, given the patient's history, comorbidities, and shortness of breath, clear documentation of the patient's current cardiopulmonary symptoms and physical examination findings were not provided on the requesting date of 10/18/2013. There was also no documentation of any previous screening diagnostic studies performed. The medical necessity for the requested procedures has not been established. Additionally, the request for a followup visit is also not established. The request is non-certified.