Case Number:	CM13-0057871		
Date Assigned:	07/02/2014	**Date of Injury:**	03/27/2012
Decision Date:	08/27/2014	**UR Denial Date:**	11/13/2013
Priority:	Standard	**Application Received:**	11/26/2013

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 Internal Medicine, Pulmonary Diseases 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:

The injured worker is a 42-year-old male with a reported date of injury on 03/27/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, right knee internal derangement, right knee sprain/strain, elevated blood pressure, and hypertension. His previous treatments were noted to include physical therapy, home exercises, and medications. The progress note dated 10/24/2013 revealed the injured worker complained of severe lumbar spine pain as well as intermittent dull, achy, sharp right shoulder pain and intermittent moderate dull, achy right knee pain. The physical examination of the lumbar spine revealed trigger points present at the lumbar spine paraspinals, and the range of motion was decreased and painful. The physical examination of the right shoulder revealed decreased and painful range of motion, 3+ tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, and supraspinatus. The supraspinatus press was noted to be positive. Physical examination of the right knee noted 3+ tenderness to palpation of the lateral knee and medial knee. The McMurray's test was noted to be positive. The Request for Authorization form was not submitted within the medical records. The request was for a pulmonary stress testing- 6 MWT simple; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY STRESS TESTING- 6 MWT SIMPLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HTTP://WWW. NCBI.NLM.NIH.GOV/PUBMED/12890299PULMONARY FUNCTION TESTING, THE SIX MINUTE WALKING TEST.

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, Pulmonary Function testing.

Decision rationale: The request for pulmonary stress testing- 6 MWT simple is not medically necessary. The injured worker complains of back, neck, knee, and shoulder pain. The Official Disability Guidelines recommend pulmonary function testing as separated into simple spirometry and complete pulmonary functional testing. The simple spirometry will measure the forced vital capacity and provide a variety of airflow rates such as the forced expiratory volume in 1 second and the forced expiratory flow between 25% to 75% of total exhale volume. The complete pulmonary function test adds tests of lung volumes and diffusing capacity for carbon monoxide. Other tests of pulmonary function are useful is asthma, including the spirometry before and after the use of a bronchodilator or after the use of a bronchoconstrictor. The use of a bronchoconstricting agent is termed bronchoprovocation, and commonly used agents include chemical agents, physical agents, and exercise. The guidelines state pulmonary function testing is recommended in the preoperative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the preoperative assessment of the pulmonary patient. There is a lack of clinical findings regarding pulmonary issues to warrant a pulmonary stress test. Therefore, the request is not medically necessary.