

<b>Case Number:</b>	CM13-0057942		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/16/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, 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 39-year-old female with a 1/6/10 date of injury from recurrently opening toner barrels and was complaining of chest pain and bloody noses while performing her work tasks. She was diagnosed with an Upper Respiratory Infection, Acute Bronchitis, and Occupational Asthma. The most recent progress note dated 11/8/13 revealed the patient complained of mild chest congestion and had been using Advair regularly. Prior PFT's were not documented but were noted that the patient had one a year ago. Her lung exam was within normal limits; treatment to date: medications. The UR decision dated 11/13/13 denied the request as prior results of PFT's were not documented and the patient had a normal lung exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary function test (PFT):** 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 Official Disability Guidelines (ODG) (Pulmonary Chapter-Pulmonary Function Testing)

**Decision rationale:** CA MTUS does not address this issue. ODG states that pulmonary function testing is recommended and separated into simple spirometry and complete pulmonary function testing. It is recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. It is also recommended for the diagnosis and management of chronic lung diseases. This patient has a diagnosis of occupational asthma, however the most recent progress note is from November of 2013 which reveals a normal lung exam and describes that the patient has had prior pulmonary function tests (PFT's,) however these were not included in the documentation provided. It is unclear what the rationale for another PFT would be at this time. Therefore, the request for a Pulmonary Function Test is not medically necessary.