

<b>Case Number:</b>	CM13-0060522		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Orthopedic Surgery 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:

47 year old claimant with industrial injury of 9/7/12 with right knee injury. Exam note 8/8/13 demonstrates complaint of persistent knee pain. Examination demonstrates tenderness over the patellar region and probable snapping over the plica of the lateral femoral condyle. Exam note 9/12/13 demonstrates focal tenderness over the right knee in the patellar region with minimal crepitation of the patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HIGH RESOLUTION CT SCAN OF THE LUNGS:** 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, CT

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CT scans of the lungs. CT scans of the lungs are the preferred method for diagnosis of bronchiectasis. In this case there is insufficient evidence of assessment of pulmonary function or diagnosis of bronchiectasis. Therefore determination is for non-certification.

**COMPLETE SPIROMETRY WITH DLCO, LUNG VOLUMES AND ARTERIAL GAS:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY FUNCTION TESTING

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of pulmonary function testing. According to ODG it is recommend for asthma or management of chronic lung disease. In this case there is no assessment of pulmonary function or diagnosis of chronic lung disease to warrant testing. Therefore determination is for non-certification.

**OXYMETRY TEST WITH AND WITHOUT EXERCISE:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY, PULMONARY FUNCTION TESTING.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of pulmonary function testing. According to ODG it is recommend for asthma or management of chronic lung disease. In this case there is no assessment of pulmonary function or diagnosis of chronic lung disease to warrant testing. Therefore determination is for non-certification.