

<b>Case Number:</b>	CM13-0062272		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Geriatrics and is licensed to practice in New York. 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 62 year old man with a date of injury of 6/6/06. He has a diagnosis of chronic obstructive pulmonary disease. He underwent pulmonary function testing in 5/13/13 showing decrease in FVC and FEV1 consistent with severe airflow obstruction. His physician note on 10/28/13 indicates that he is wheezing, coughing, tired and short of breath. His cough was worse and he was using pro-air (2 bottles per month) as well as coughing up blood. His medications included symbicort and pro-air inhaler. His lung exams showed 'decreased breathing sounds and sinus wheezing'. His diagnosis was severe emphysema; work related. At issue in this review are repeat pulmonary function tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE REPEAT PULMONARY FUNCTION TEST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: (NHLBI, 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: up-to-date: Overview of pulmonary function testing in adults.

**Decision rationale:** Once the diagnosis of chronic obstructive pulmonary disease (COPD) is established, the response to therapy can be followed by monitoring forced expiratory volume in 1 second changes (FEV1). Once the COPD is severe (FEV1 < 0.7 L), measuring oxygen saturations during exercise and ambulation may be more useful than measured changes in spirometry. This injured worker has chronic obstructive pulmonary disease/emphysema. The records do not document that his symptoms are worsening or how the pulmonary function tests will be utilized to change management of this worker. The records do not support the medical necessity of one repeat pulmonary function testing.

**ONE METACHOLINE TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: (NHLBI, 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: up-to-date: Overview of pulmonary function testing in adults.

**Decision rationale:** Once the diagnosis of chronic obstructive pulmonary disease (COPD) is established, the response to therapy can be followed by monitoring forced expiratory volume in 1 second changes (FEV1). Once the COPD is severe (FEV1 < 0.7 L), measuring oxygen saturations during exercise and ambulation may be more useful than measured changes in spirometry. This injured worker has chronic obstructive pulmonary disease/emphysema. The records do not document that his symptoms are worsening or how the pulmonary function tests will be utilized to change management of this worker. The records do not support the medical necessity of methacholine testing.

**1 DIFFUSING CAPACITY (DLCO):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: (NHLBI, 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE.

**Decision rationale:** Once the diagnosis of chronic obstructive pulmonary disease (COPD) is established, the response to therapy can be followed by monitoring forced expiratory volume in 1 second changes (FEV1). Once the COPD is severe (FEV1 < 0.7 L), measuring oxygen saturations during exercise and ambulation may be more useful than measured changes in spirometry. This injured worker has chronic obstructive pulmonary disease/emphysema. The records do not document that his symptoms are worsening or how the pulmonary function tests will be utilized to change management of this worker. The records do not support the medical necessity of diffusing capacity of lung for carbon monoxide (DLCO) testing.

**ONE ARTERIAL BLOOD GAS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: (NHLBI, 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other medical treatment guideline or medical evidence: up-to-date: Overview of pulmonary function testing in adults.

**Decision rationale:** Once the diagnosis of chronic obstructive pulmonary disease (COPD) is established, the response to therapy can be followed by monitoring forced expiratory volume in 1 second changes (FEV1). Once the COPD is severe (FEV1 < 0.7 L), measuring oxygen saturations during exercise and ambulation may be more useful than measured changes in spirometry. This injured worker has chronic obstructive pulmonary disease/emphysema. The records do not document that his symptoms are worsening or how the pulmonary function tests will be utilized to change management of this worker. The records do not support the medical necessity of one arterial blood gas.