

Case Number:	CM13-0064639		
Date Assigned:	01/03/2014	Date of Injury:	10/27/2011
Decision Date:	05/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 31-year-old female who reported an injury on 10/27/2011. The mechanism of injury was not stated. Current diagnoses include cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain, cervical stenosis, lumbar annular tear, lumbar disc protrusion, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain, lumbar stenosis, left knee internal derangement, left knee pain, left knee sprain, plantar heel spur, loss of sleep, and sleep disturbance. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent pain over multiple areas of the body with loss of sleep. Physical examination revealed decreased and painful range of motion of the cervical and lumbar spine, 3+ tenderness to palpation with spasm, positive cervical compression testing, positive shoulder depression testing bilaterally, positive Kemp's testing, positive straight leg raises, and decreased and painful range of motion of the left knee with positive McMurray's testing. Treatment recommendations at that time included cardio respiratory diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO-RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/23931777](http://www.ncbi.nlm.nih.gov/pubmed/23931777)

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: Official Disability Guidelines state pulmonary function testing is recommended for specific indications. As per the documentation submitted, there is no evidence of a cardiac or respiratory abnormality. There is insufficient information provided to establish the medical necessity or medical rationale of the requested testing. There is no documentation of abnormal clinical findings with regard to the cardiovascular or respiratory system. As the medical necessity has not been established, the current request is non-certified.