

<b>Case Number:</b>	CM13-0064702		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, 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 reported injury on 06/18/2013. The mechanism of injury was the injured worker had a strain to the right shoulder as he was pushed into a front door by a suspected shoplifter. The documentation of 10/23/2013 revealed the injured worker could not have an objective physical examination as it was too painful. The diagnoses included idiopathic peripheral axonal neuropathy, right shoulder partial rotator cuff tear, unspecified disorders of the autonomic nervous system, chest wall contusion, concussion and headache. The treatment plan included a urine drug screen, Omeprazole, an orthopedic evaluation for the right shoulder, compounded topical medications, extracorporeal shockwave therapy, and a pulmonary function test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PULMONARY FUNCTION TESTING-SPIROMETRY:** 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), Pulmonary function testing.

**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 Test.

**Decision rationale:** Official Disability Guidelines recommend spirometry to measure the forced vital capacity (FVC). The clinical documentation submitted for review failed to provide documentation of objective lung sounds to support the necessity for a pulmonary function test. There was a lack of documentation of rationale to support the necessity for pulmonary function test. Therefore, the request for pulmonary function test spirometry is not medically necessary or appropriate.