

Case Number:	CM14-0000210		
Date Assigned:	01/10/2014	Date of Injury:	05/13/2012
Decision Date:	04/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation 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 patient sustained an injury to his low back and left shoulder when he slipped and fell on water in a rest room on 5/13/12. Request under consideration include Spirometry Pulmonary Function/Stress Testing. Initial evaluation from the fall on 5/16/12 noted patient with pain complaints. Exam described no visible sign of injury without any abrasions or contusions; there was volitional decreased in active range with subjective tenderness of the thoracolumbar spine. X-rays were unremarkable without trauma. Diagnoses were contusion and sprain with chiropractic treatment, topical modalities and lumbar support given. Subsequent chiropractic reports noted no neurological symptoms. Report of 6/26/13 noted constant severe pain of the neck, low back, and left shoulder and left knee. Exam showed tenderness and decreased range with muscle spasm without identified neurological deficits. Diagnoses included cervical sprain/strain/ radiculopathy; Lumbar pain/ spasm/ musculoligamentous injury; left rotator cuff tear/ impingement syndrome/ strain/ sprain; knee sprain/ strain. AME report of 1/22/13 noted patient with shoulder pain radiating to the neck and low back pain. Diagnoses included ligamentous low back sprain; left shoulder rotator cuff strain; deltoid contusion; resolved left knee contusion and resolved cervical spine sprain; non-industrial thoracic spine complaints with normal exam; and non-industrial electrical carpal tunnel with normal exam. The patient was deemed P&S with future medical care for the low back for exacerbation without operative indication. Recent report from the provider noted some clenching of the teeth; however, no mention of sleep disorder or apneic episodes as it relates to injury of slip and fall. Request for above spirometry pulmonary function stress testing was non-certified on 12/17/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR SPIROMETRY PULMONARY FUNCTION/STRESS TESTING:

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), Fitness for Duty, Pulmonary Testing, page 968

Decision rationale: ODG notes recommendations for Spirometric testing in the workplace where spirometry is employed in the primary, secondary, and tertiary prevention of occupational lung disease or evaluation and following of patients and screening exposed populations of workers for respiratory conditions; however, not indicative here for this slip and fall. Submitted reports have not clearly demonstrated the indication of medical necessity for the above testing. The Spirometry Pulmonary Function/Stress Testing is not medically necessary and appropriate.