MAXIMUS Federal Services

Case Number:	CM14-0002230		
Date Assigned:	01/24/2014	Date of Injury:	09/27/2013
Decision Date:	06/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine 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 is a 51 year-old male with a 9/27/13 date of injury who was exposed to fiberglass fort 3 days and started to have cough. He was initially seen on 10/23/13 for this and stated his coughing had improved. He denied any history of asthma or cigarette smoking. He has a history of left partial pneumonectomy in 1984 after a pneumonia caused recurrent collapse f part of the lung. On exam the lungs are clear to auscultation and no wheezing is noted. A scar on the left chest from prior lung surgery is noted. Spirometry was noted to reveal mild obstruction, with a diagnosis of possible reactive airway disease. The patient was to follow up with a pulmonologist. Chest X-ray results were not available. Utilization Review Decision on 12/4/13 denied request for PFT's given there were discrepancies with regard to physical assessment as well as pulmonary follow up after inhalation exposure.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY FUNCTION TESTING (PFT): 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) - ONLINE VERSION - PULMONARY - 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 TESTS.

Decision rationale: CA MTUS does not address this issue. ODG states that pulmonary function testing is recommended and separated into simple spirometry and complete pulmonary function testing. Recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete Pulmonary Function Testing (PFT) is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. This is a 51-year-old male with a history of left lobe pneumonectomy from pneumonia in 1984, now with complaints of coughing which have improved since exposure to fiberglass. It was noted on the 10/23/13 office visit that the patient had mild obstruction on spirometry, however there was no information regarding the patient's Oxygenation status, at rest or with activity, in addition the patient had no positive pulmonary exam findings (i.e. no wheezing, no rales, no crackles), and was not noted to be in any respiratory distress. The patient was to follow up with a pulmonologist and it is unclear if that has occurred. There is not enough information to warrant pulmonary function tests at this time. Therefore, the request for pulmonary function tests was not medically necessary.