

Case Number:	CM14-0005873		
Date Assigned:	02/05/2014	Date of Injury:	08/24/2012
Decision Date:	06/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/15/2014

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 North Carolina, Colorado, California, and Kentucky. 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 61-year-old male who presented with complaints of low back pain. The clinical note dated 12/17/13 indicates the injured worker describing the initial injury when he lost his balance while standing on a ladder and fell approximately 8 feet. The injured worker fell on his right hip and right side. Lab studies completed on 03/13/13 indicate the injured worker showing consistent findings with the prescribed drug regimen. No illegal substances were identified. The clinical evaluation note dated 08/15/13 indicates the injured worker showing range of motion deficits throughout the left shoulder, cervical spine, and lumbar spine. The functional capacity evaluation completed on 03/21/13 indicates the injured worker showing significant effort through the exam. The clinical note dated 10/21/13 indicates the injured worker having undergone a cardio-respiratory diagnostic test. The clinical note dated 08/01/13 indicates the injured worker having previously been diagnosed with diabetes and hypertension. The clinical note dated 07/23/13 indicates the injured worker having no issues with difficulty breathing, chest discomfort, palpitations, syncope, edema, or calf pain. The previous utilization review dated 12/12/13 resulted in a denial for a pulmonary function/stress test and a polysomnography as no significant findings were identified in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY FUNCTION AND STRESS TESTING: 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 Chapter

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: The documentation indicates the injured worker complaining of right sided pain, specifically at the hip. A pulmonary function/stress test is indicated for injured workers with significant findings involving pulmonary/cardiac involvement. No information was submitted regarding the injured worker's shortness of breath, chest pain, dysfunction associated with the pulmonary region, or calf pain. Given the lack of information regarding the injured worker's symptomology indicating the likely benefit of a stress test, this request is not indicated.

SLEEP DISORDERED BREATHING RESPIRATORY STUDY AT HOME AND FOR TWO NIGHTS: 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), Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

Decision rationale: A sleep study is indicated for injured workers with complaints related to sleep hygiene. No information was submitted regarding the injured worker's difficulty falling or staying asleep. Given this, the request is not indicated.

OVERNIGHT PULSE OXIMETRY AND NASAL FUNCTION STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/1760166. Pulse oximetry from the nasal septum, and www.ncbi.nlm.nih.gov/pmc/articles/PMC3459198/. Detection of Sleep Disordered Breathing and its central/obstructive character using nasal cannula and finger pulse oximeter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

Decision rationale: A sleep study is indicated for injured workers with complaints related to sleep hygiene. No information was submitted regarding the injured worker's difficulty falling or staying asleep. Given this, the request is not indicated.