

Case Number:	CM14-0006079		
Date Assigned:	02/12/2014	Date of Injury:	10/03/2008
Decision Date:	07/14/2014	UR Denial Date:	12/26/2013
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 Occupational 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:

The patient is a 49-year-old female with a 10/3/08 date of injury while working in a laboratory. She apparently loss consciousness in 2003 and was told she was having a seizure. She went on to experience multiple seizures from 2003 to 2008, which she attributed to possible a chemical that was in the lab. The patient started to complain of right shoulder pain in 2008, as well as sleeping difficulties, headaches, and dizziness from 2008 to 2010. She underwent right shoulder surgery in 2011 with postoperative physical therapy. She was seen on 11/22/13 complaining of right upper extremity pain with associated numbness and weakness with tingling in the hands and fingers. She also complained of chemical exposure with shortness of breath, as well as abdomen al pain and nausea. She denies any cough, asthma, wheezing, hemoptysis, bronchitis, history of tuberculosis, GERD, vomiting, constipation, melena, or hepatitis. Her cardiopulmonary exam is noted to be normal. Her abdominal exam is notable for obesity (the patient weights 190 pounds) and there is some tenderness to palpation over the epigastrium 1+. It is noted the patient has gained 10 pounds since the onset of her symptoms. Treatment to date includes medications, surgery, and physical therapyA UR decision dated12/26/13 denied the requests for pulmonary function tests, an abdominal ultrasound, and a chest x ray (2 view) given there were no physical exam findings, mechanism of injury, or clinical indication for these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY FUNCTION TEST PRE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary-Pulmonary Function Tests.

Decision rationale: The Official Disability Guidelines (ODG) recommends pulmonary function tests to characterize breathing disorders such as chronic obstructive pulmonary disorders vs. restrictive pulmonary disorders. In this case, the patient reports to have symptoms of shortness of breath yet a normal cardiopulmonary exam and no history of asthma attacks or any other pulmonary disorder. However, there is a lack of examination findings and past history of pulmonary disorder does not exclude the presence of obstructive or restrictive pulmonary disorders. Therefore, the request for a pre pulmonary function test is medically necessary and appropriate.

PULMONARY FUNCTION TEST POST: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary-Pulmonary Function Tests.

Decision rationale: The Official Disability Guidelines (ODG) recommends pulmonary function tests to characterize breathing disorders such as chronic obstructive pulmonary disorders vs. restrictive pulmonary disorders. In this case, the patient reports to have symptoms of shortness of breath yet a normal cardiopulmonary exam and no history of asthma attacks or any other pulmonary disorder. However, there is a lack of examination findings and past history of pulmonary disorder does not exclude the presence of obstructive or restrictive pulmonary disorders. Therefore, the request for a post pulmonary function test is medically necessary and appropriate.

ABDOMINAL ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology PRACTICE GUIDELINES for Abdominal Ultrasound.

Decision rationale: The patient has symptoms of abdominal pain and nausea. However, it is unclear how long she has had these symptoms. She is not noted to have diarrhea or vomiting, or any signs of obstructions. She has physical exam findings of epigastria tenderness 1+. There

was no melena, GERD, or bright red blood per rectum noted. An abdominal ultrasound is used to detect gallstones, liver disease, masses (i.e. cysts vs. solid tumors) with regard to the GI system. Given the patient's review of systems and findings of 1+ epigastric tenderness and abdominal ultrasound is premature and not medically indicated. Therefore, the request for an abdominal ultrasound was not medically necessary and appropriate.

TWO-VIEW CHEST X-RAY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pulmonary-Chest ray.

Decision rationale: The Official Disability Guidelines (ODG) recommends chest X-Ray with acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly. Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. In this case, the patient has no cardiopulmonary findings on exam but is symptomatic. Therefore, the request for a 2 view chest X ray is medically necessary and appropriate.