

Case Number:	CM14-0014592		
Date Assigned:	02/28/2014	Date of Injury:	11/12/2012
Decision Date:	07/21/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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 65-year-old male with an 11/12/12 date of injury. No specific mechanism was described. An 11/26/13 progress report states that the patient was seen by an internist who prescribed medication for the lungs. The patient had difficulty sleeping at night and has psychological symptoms in the form of stress, anxiety, and depression. Physical exam states that the patient complains of difficulty breathing, excessive mucus, and feelings of tiredness (albeit that this is not a physical examination). The diagnoses include exposure to chemicals and rule out possible damage to lungs. The request includes spirometry and pulmonary function and stress testing

IMR ISSUES, DECISIONS AND RATIONALES

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

SPIROMETRY AND 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.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) (pulmonary chapter).

Decision rationale: In this case, Official Disability Guidelines states that there should be a clinical assessment of individuals including oxygen saturation, chest x-ray, and/or EKG when the differential diagnosis is not secured. Pulmonary function testing is separated into simple spirometry and complete pulmonary function testing. It is recommended in asthma, chronic lung disease, or pre-operative evaluation of individuals who may have some degree of pulmonary compromise. The request here states that the patient has difficulty breathing with excessive mucus. There is no clinical examination. There is no chest x-ray. There is no description of the chemical exposure. It is noted that the patient has seen an internist who is prescribing medications for the lungs, and no documentation of the notes from [REDACTED], the internist. In this case, the clinical documentation does not established medical necessity for this request. Therefore, the request is not medically necessary.