

<b>Case Number:</b>	CM14-0015271		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

The injured worker is a 48 year old female with a reported date of injury on September 17, 2012. The mechanism of injury is described as weakness and pain associated with pushing, repetitive pulling and reaching overhead causing injury to the right shoulder and elbow. The most recent progress note is dated December 19, 2013. It revealed complaints of right wrist burning pain and numbness with onset of grabbing, grasping, gripping, and squeezing. Exam of the right shoulder documented motor strength 4/5 at the right supraspinatus. Neer's and Phalen's were positive on the right. There were no subjective and objective findings pertaining to the patient's pulmonary status during this date of exam. An inpatient two night sleep study performed on November 23, 2013 revealed Apnea-Hypopnea Index (AHI) score of 1 on the first night and a 3 on the second night. The average score for both nights was 2. A moderate pathological sleep breathing respiratory disorder was assessed as a result of the two night sleep study. Diagnoses are listed as right shoulder impingement syndrome, sprain and strain, right carpal tunnel syndrome, and right wrist sprain/ strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stress Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Thoracic Society Guidelines, Cardio-Pulmonary Stress Testing online web base.

**Decision rationale:** The treating provider has requested a cardiopulmonary stress test for the evaluation of autonomic function. According to the American Thoracic Society Guidelines, Cardio-pulmonary stress testing is most often used to assess the impact of a therapeutic intervention in patients with lung or heart disease. The role of this modality in other clinical conditions has not been defined. The guideline is available online (<http://www.thoracic.org/statements/resources/pft/sixminute.pdf>) and a portion of the indications sections is reproduced below. "The strongest indication for the 6MWT is for measuring the response to medical interventions in patients with moderate to severe heart or lung disease. The 6MWT has also been used as a one-time measure of functional status of patients, as well as a predictor of morbidity and mortality (see Table 1 for a list of these indications). The fact that investigators have used the 6MWT in these settings does not prove that the test is clinically useful (or the best test) for determining functional capacity or changes in functional capacity due to an intervention in patients with these diseases. Further studies are necessary to determine the utility of the 6MWT in various clinical situations." Similar arguments apply to complex testing as a measure of physical fitness in an individual with underlying cardiac or pulmonary disease. The treating provider did not supply documentation that the patient has underlying cardiac or pulmonary disease. Therefore, complex stress testing is not medically necessary.

**Disordered Breathing Respiratory Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate guidelines reference, [ncbi.nlm.nih.gov/pmc/articles/PMC3203739/](http://ncbi.nlm.nih.gov/pmc/articles/PMC3203739/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Society of Sleep medicine guidelines on Polysomnography, [aasmnet.org/Resources/PracticeParameters/PP\\_Polysomnography.pdf](http://aasmnet.org/Resources/PracticeParameters/PP_Polysomnography.pdf), accessed 6/16/2014.

**Decision rationale:** Disordered breathing sleep study is indicated for patients who are suspected of having a sleep disorder. The basis for such suspicion includes excessive daytime sleepiness, fatigue, snoring, choking and gasping during sleep and physical signs can include resistant hypertension and / or obesity with increased girth of the neck. There is no mention in the afore referenced guidelines of using polysomnography for the purpose of assessing autonomic function. The patient is not documented to have any sleep disorder. Therefore, a sleep disordered breathing study is not medically necessary.

**Nasal Function Studies:** 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 Other Medical Treatment Guideline or Medical Evidence: Eur Arch Otorhinolaryngol. 1997;254(7):309-12. Current advances in rhinomanometry. Naito K(1), Iwata S.

**Decision rationale:** As indicated in the referenced citation above, rhinomanometry is an objective method used for determining nasal patency when there is a subjective sense of nasal blockage. It can improve the performance of septoplasty and improve in some cases, the efficacy of continuous positive airway pressure therapy in patients with sleep disordered breathing disorder. The treating provider did not provide clinical documentation to support that the patient has any subjective sense of nasal stuffiness, septal deviation or sleep disorder. Therefore, the request for nasal function studies or rhinomanometry is not medically necessary.

**Pulse Oximetry:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate guidelines reference, [ncbi.nlm.nih.gov/pubmed/93835670](http://ncbi.nlm.nih.gov/pubmed/93835670).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine. Chapter on Hypoxemia assessment.

**Decision rationale:** Per the referenced textbook of Internal Medicine, considered all over the world as a Standard Reference Work and the most often used text for the education of medical professionals, oximetry can provide information about the state of hemoglobin saturation in a non-invasive manner. Assessment of oximetry is indicated in individuals with respiratory problems and clinical suspicion of hypoxemia. Although not a perfect correlate of the partial pressure of oxygen in the blood, oximetry is often a good and reliable surrogate of hypoxemia. Since the treating provider did not provide documentation to suggest that the patient suffers from signs or symptoms suggestive of hypoxemia or a known respiratory disorder, there is no medical need for oximetry based on provided medical records. The request for oximetry is not medically necessary.

**Spirometry and Pulmonary Function 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 Other Medical Treatment Guideline or Medical Evidence: American Thoracic Society / European Society of Respiratory Medicine Guideline on

Standardization of Spirometry. 2003. Accessed online at [thoracic.org/statements/resources/pft/PFT2.pdf](http://thoracic.org/statements/resources/pft/PFT2.pdf) on 6/16/2014.

**Decision rationale:** Per the referenced guideline above, spirometry and lung function testing is an indicator of general respiratory health and can be invaluable in assessing a patient's respiratory ability in an objective and standard manner and in the assessment of response to therapy. It is indicated in patients with unexplained dyspnea or other respiratory symptoms and in the individuals with known pulmonary disease. As the treating provider did not present any documentation that the patient had an underlying lung disease or unexplained respiratory symptoms, the request for spirometry and lung function testing is not medically necessary based on medical documentation available.