

<b>Case Number:</b>	CM14-0119134		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/04/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 62-year-old female who reported an injury on 12/04/2003 due to a cumulative trauma to neck, shoulders, elbows, wrist and hands from assembling and packing. Diagnoses were: Gastroesophageal reflux secondary to NSAIDs, hypertension, diabetes, hyperlipidemia and sleep disorder. The past treatments reported were: Toradol injection, surgeries and medications. The diagnostic studies were Echocardiogram on 07/09/2010 which revealed left ventricular diastolic dysfunction and an EKG. The physical examination on 05/22/2014 revealed complaints of acid reflux, abdominal pain, and complaints of difficulty sleeping. The injured worker also had complaints of lower back pain that was rated 8/10 as well as bilateral lower extremity pain. Her examination revealed vital signs for blood pressure 128/81, heart rate 87 beats per minute, lungs were clear to auscultation, there were no rales or wheezes appreciated. Cardiovascular was regular rate and rhythm. The exam of extremities revealed no clubbing, cyanosis, or edema. Medications were Prilosec 20 mg, Lovaza 4 g daily, Metformin 500 mg 3 times daily, Victoza pen with needles 1.2 mg subcutaneous daily and Amlodipine 10 mg 1 daily. Treatment plan reported no consultations recommended or requested at this time and dietary recommendations were advised.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six minute walk Pulmonary Stress Test administered on 5/28/2014 # 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Pulmonary (Acute & Chronic).

**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 Testing.

**Decision rationale:** The request for Six minute walk Pulmonary Stress Test administered on 5/28/2014 #1 is not medically necessary. The Official Disability Guidelines for pulmonary function testing is recommended as indicated, separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity and provides a variety of airflow rates such as the forced expiratory volume in 1 second and the forced expiratory flow between 25/75% of the total exhaled volume. The complete pulmonary function test adds test of the lung volumes in the diffusing capacity for carbon monoxide. Lung volumes can be assessed by traditional methods or by using plethysmography requiring the use of a body box. Other test of pulmonary function useful in asthma include the spirometry before and after the use of a bronchodilator or after the use of a bronchoconstrictor (generally followed by a bronchodilator). These tests are recommended for the diagnosis and management of chronic lung diseases. It is also recommended in the preoperative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the preoperative assessment of the pulmonary patient. The document submitted for review did not report any signs or symptoms of breathing problems for the injured worker. The injured worker did not have the diagnosis of asthma. The medical necessity for this test was not reported. Therefore, the request is not medically necessary.