MAXIMUS Federal Services

Case Number:	CM14-0140145		
Date Assigned:	09/08/2014	Date of Injury:	01/04/2003
Decision Date:	10/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 62 year old female who sustained a work injury on 1-4-03. Office visit on 7-22-14 notes the claimant that her gastroesophageal reflux symptoms have been worsening due to being off Proton-pump inhibitor (PPI) medication for a week because she is scheduled for the H-pylori breath test today. She also experiences chest pain secondary to the acid reflux, worsening constipation, with blood pressure ranging from 110-130/70-80mmHg and associated blurred vision, mouth guarding and nose piece with no continuous positive airway pressure (CPAP) machine, snoring and severe shortness of breath in the last month, weakness at night and vomiting. Relevant objective findings consisted of inability to visualize the fundus, ectopic beat not found, with two scars in the subumbilical and right upper quadrant abdomen. Diagnoses include gastropathy/ suspect esophageal reflux disease and irritable bowel syndrome secondary to stress and medications, dysphagia suspect secondary to GERD, post-traumatic weight gain, unsubstantiated, hypertension, obstructive sleep apnea, bright red blood per rectum, blurred vision, rule out hypertensive retinopathy, positive H. pylori IgG, rule out current infection, deferred to appropriate specialist for evaluation and comment: orthopedic complaints, psychiatric complaints, urinary incontinence, shortness of breath, sinusitis, blurred vision, and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pulmonary function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary

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 - PFT

Decision rationale: ODG reflects that pulmonary function testing is recommended as indicated. It is separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75).The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductance. Other tests 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). The use of a bronchoconstricting agent is termed "bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, and putative occupational chemical exposures), physical agents (cold air, dry air), and exercise. (Birnbaum, 2007) Also useful in asthmatics is the use of peak flow meters to determine the presence of asthma, the response to treatment, and exacerbations of asthma. Recommended in asthma. (NHLBI, 2007) In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. (NHLBI/WHO, 2007) Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. Medical records reflect this claimant reports shortness of breath. However, there is an absence in documentation noting at this claimant has a pulmonary pathology. Other comorbidities such as cardiac pathology and GI pathology need to be ruled out first. The claimant has clear lungs to auscultation and no indication that her complaints are pulmonary. Therefore, based on the records provided, the medical necessity of this request is not established.