

Case Number:	CM14-0140863		
Date Assigned:	09/10/2014	Date of Injury:	12/04/1998
Decision Date:	11/06/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 Virginia and Washington D.C. 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 71-year-old patient who sustained injury on Dec 5 1998. He had a history of COPD. On a visit on Feb 11 2014, he was seen by [REDACTED] who noted that the patient denies shortness of breath or edema. He was considered to be stable from his COPD and coronary conditions. His medical therapy was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Function Test: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pulmonary, PFTs Other Medical Treatment Guideline or Medical Evidence:
<http://www.medscape.com/viewarticle/505434>

Decision rationale: This patient was diagnosed with COPD and PFTs are used to measure the severity of disease and this would be indicated. Per ODG, pulmonary function testing(PFT) is recommend as follows: separated into simple spirometry and complete pulmonary function

testing. The simple spirometry will measure the forced vital capacity and provide a variety of airflow rates such as forced expiratory volume in one second and the forced expiratory flow between 25-75% of the total exhale volume. The complete PFT adds tests of the lung volumes and the diffusing lung capacity for carbon monoxide. Lung volumes can be assessed by traditional methods or by using plethysmography, requiring 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 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, physical agents and exercise(Birnbaum 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. 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(Colice 2007, Brunelli 2007).