

<b>Case Number:</b>	CM14-0023465		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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, has a subspecialty in Pain Medicine 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:

The injured worker is a 40 year old male who reported injuries to his left ankle and leg. The clinical note dated 08/02/13 indicates the initial injury occurred on 07/06/13. The note indicates the injured worker utilizing Ibuprofen for ongoing pain relief. Upon exam, the injured worker's swelling of the left lower extremity had been reduced. The injured worker's weight bearing status had significantly improved. Instability was identified at the lateral ankle. The note does indicate the injured worker having been discharged from care at that time. X-rays of the left knee dated 08/07/13 revealed no evidence of acute fracture. Minimal degenerative findings were identified at the medial femoral-tibial joint space. The clinical note dated 08/20/13 indicates the injured worker continuing to utilize Ibuprofen as well as Capzasin and topical cream. The injured worker stated the creams were helpful. There is an indication that the injured worker has been utilizing a sleep aid as well. The clinical note dated 08/23/13 indicates the injured worker having undergone chiropractic manipulation. The injured worker demonstrated decreased range of motion at the left knee with 3+ tenderness upon palpation throughout the knee. The injured worker's McMurray's test was also identified as being positive. The injured worker's blood pressure at that time was identified as 197/111. The clinical note dated 10/15/13 indicates the injured worker had stepped on a large rock with his left foot resulting in an ankle inversion injury. The injured worker also reported knee pain as well. Upon exam, the injured worker was able to demonstrate 5 to 80 degrees of range of motion at the left knee. The clinical note dated 10/09/13 indicates the injured worker's blood pressure at 174/83. The injured worker continued with decreased range of motion at the left knee to include 0 to 95 degrees. The clinical note dated 12/23/13 indicates the injured worker showing a good blood pressure of 183/90. Decreased strength was identified at the left quadriceps and hamstring.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **SPIROMETRY AND PULMONARY FUNCTION TEST:** 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 OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY CHAPTER, PULMONARY FUNCTION TESTING.

**Decision rationale:** The documentation indicates the injured worker complaining of left lower extremity pain. There is an indication the injured worker has elevated blood pressures. However, it appears the injured worker's hypertensive readings have stabilized. No other findings were made available in the clinical documentation indicating the need for a Spirometry and pulmonary function test. Without this information in place and taking into account the injured worker's stabilized blood pressures, it does appear that a pulmonary function test along with a Spirometry exam is not fully indicated. Therefore, this request is not medically necessary.

### **SLEEP DISORDERED BREATHING RESPIRATORY STUDY:** 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 OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, POLYSOMNOGRAPHY.

**Decision rationale:** A polysomnography test would be indicated provided the injured worker meets specific criteria to include the injured worker demonstrating excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep related breathing disorders, or insomnia for greater than 6 months. No information was submitted regarding the injured worker's significant findings indicating the need for a polysomnography exam. Therefore, this request is not medically necessary.

### **PULSE OXIMETRY:** 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 OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY CHAPTER, PULMONARY FUNCTION TESTING.

**Decision rationale:** Given the lack of recommendation of the Pulmonary Function Test, the additional request for a pulse oximetry is not medically necessary.

**NASAL FUNCTION TEST:** 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 OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY CHAPTER, PULMONARY FUNCTION TESTING.

**Decision rationale:** Given the lack of recommendation of the Pulmonary Function Test, the additional request for a pulse oximetry is not medically necessary.

**STRESS 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 OFFICIAL DISABILITY GUIDELINES (ODG) PULMONARY CHAPTER, PULMONARY FUNCTION TESTING.

**Decision rationale:** The documentation indicates the injured worker complaining of left lower extremity pain. There is an indication the injured worker has elevated blood pressures. However, it appears the injured worker's hypertensive readings have stabilized. No other findings were made available in the clinical documentation indicating the need for a Spirometry and pulmonary function test. Without this information in place and taking into account the injured worker's stabilized blood pressures, the medical necessity for a stress test has not been established. Therefore, this request is not medically necessary.