

Case Number:	CM14-0033183		
Date Assigned:	06/20/2014	Date of Injury:	06/15/2012
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 Florida and New York. 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 injured worker is a 57 year old male who became injured on 6/15/12 as a result of cumulative trauma while working as a firefighter. An examination dated 5/18/14 revealed signs of right greater than left carpal tunnel syndrome and double crush syndrome was suspected. On 2/7/14 the injured worker underwent right shoulder arthroscopy. Review of records does not indicate a discussion or the procedure for total body plethysmography for dates of service 5/21/13 and 12/11/12. Previous review 2/26/14 noted that there were no current notes describing findings related to the request for total body plethysmography (TBP) or indications of such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Body Plethysmography DOS 5/21/13 and 12/11/12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Respiratory Medicine, Volume 105, Issue 7 Pages 959-971.

Decision rationale: Review of records does not indicate a discussion or the procedure for total body plethysmography for dates of service 5/21/13 and 12/11/12. There are no MTUS Guidelines that address this procedure. Since there are no notes available that reference or discuss the need for the procedure and there are no guidelines that reference it is the opinion of this reviewer that the request is not medically necessary.