

<b>Case Number:</b>	CM14-0038131		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 60-year-old female who reported injury 02/05/2009. Diagnosis is chemical exposure. The mechanism of injury was not provided. The diagnostic studies, prior treatments and surgical history were not provided. The documentation of 02/03/2014 revealed the injured worker had shortness of breath. The physical examination of 02/03/2014 revealed the examination was within normal limits. A request was made for an Electrocardiogram (ECG), urine dipstick, Complete Blood Count (CBC) SMA 19 SED rate, glucose reagent strip, cardiac treadmill, pulmonary function test, pulmonary treadmill, oximetry, and bronchodilation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary treadmill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary chapter, pulmonary function testing.

**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 Official Disability Guidelines indicate that pulmonary function testing is recommended and can be added the test to a simple spirometry of lung volumes and diffusing capacity of carbon monoxide to further test the pulmonary function. The clinical documentation submitted for review indicated the injured worker had complaints of shortness of breath. However, the injured worker had a physical examination that was within normal limits. There was no documentation of abnormal lung sounds or decreased pulse oximetry findings to support a decrease in oxygenation and the necessity for pulmonary testing. There was a lack of documentation indicating a necessity for a pulmonary treadmill, as the results could be obtained through pulmonary function testing and if found to be abnormal, the treadmill test could be requested then. Given the above, the request for a pulmonary treadmill is not medically necessary and appropriate.