MAXIMUS Federal Services

Case Number:	CM14-0049377		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2012
Decision Date:	07/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 62-year-old gentleman was reportedly injured on September 17, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated a positive Hawkins' sign and tenderness at the anterior shoulder and subacromial deltoid bursa. The right shoulder surgery for a subacromial decompression, rotator cuff evaluation, debridement of the biceps anchor and rotator cuff and possible full thickness tear repair was recommended. Previous treatment includes physical therapy and a subacromial steroid injection. A request had been made for spirometry and pulmonary function/stress testing and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Spirometry between 3/14/2014 and 4/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Pulmonary function testing.

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:http://www.mayoclinic.org/tests-procedures/spirometry/basics/definition/PRC-20012673?p=1.

Decision rationale: Regarding potential sleeping issues, a review of the medical record indicates that the patient did not report any disordered breathing in his sleep or fragmented sleep episodes nor did his that part or observe any app think episodes. Additionally, there were no complaints of daytime somnolence. Even if there was an issue of potential sleep apnea it is unclear why there is a request for spirometry testing. Spirometry is a test used to diagnose asthma, chronic obstructive pulmonary disease, and other lung conditions affecting breathing and is not used in the diagnosis of sleep apnea. Considering this it is unclear why there is a request for spirometry. T his request for spirometry is not medically necessary.

One (1) pulmonary function/stress testing between 3/14/2014 and 4/28/2014: 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, Pulmonary function testing.

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: http://www.nlm.nih.gov/medlineplus/ency/article/003853.htm.

Decision rationale: Regarding potential sleeping issues, a review of the medical record indicates that the patient did not report any disordered breathing in his sleep or fragmented sleep episodes nor did his that part or observe any app think episodes. Additionally, there were no complaints of daytime somnolence. Even if there was an issue of potential sleep apnea it is unclear why there is a request for pulmonary function testing. Pulmonary function tests are a group of tests which are used to measure how long's take in and release air and are not used for diagnosis of sleep apnea. Considering this it is unclear why there is a request for pulmonary function testing. This request for pulmonary function/stress testing is not medically necessary.