

Case Number:	CM14-0095694		
Date Assigned:	07/25/2014	Date of Injury:	04/24/2012
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 Interventional Spine 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:

This patient is a 60-year-old male with a date of injury of 04/24/2012. Per treating physician's report dated 05/09/2014, the patient is seen for followup after his right shoulder surgery. Previous injection did not provide any relief. Listed diagnoses: adhesive capsulitis, shoulder impingement syndrome, degenerative joint disease, AC cartilage disorder, subacromial and subdeltoid bursitis, bicipital tendonitis, status post arthroscopy of right shoulder from 07/20/2013. Treatment recommendation was for arthroscopy to the right shoulder for partial resection of the distal end of the right clavicle. Medical clearance including preop labs, pulmonary function test, urinalysis along other labs requested. QME report from 12/11/2013 was reviewed. Under past medical history, no medical problems listed. No list of any regular medications or prior surgeries. No medication allergy. No family diseases listed. Under habit, he does not smoke and does not drink alcohol, does not use illegal drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Pulmonary Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines: Recommended as indicated. Separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC)

Decision rationale: This patient presents with chronic persistent shoulder pain, had shoulder surgery back in 2013. The treating physician has asked for repeat arthroscopic surgery along with his preoperative pulmonary function test. Review of the reports does not show any history of lung disease, airway problems, asthma, COPD. The patient is a nonsmoker with no history of smoking or other lung problems. ODG Guidelines states that pulmonary function testing is recommended for lung disease problems, and for preoperative evaluation for individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the preoperative assessment of the pulmonary patient. This patient does not have preexisting pulmonary condition or any airway problems requiring pulmonary function testing for preoperative measures therefore pre-operative pulmonary function test is not medically necessary.