

Case Number:	CM13-0057881		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2012
Decision Date:	01/15/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 man with a work related injury dated 3/27/12. The patient was evaluated on 10/24/13 and on 11/13/13 by the primary treating physician. The patient continued to complain of lumbar spine pain, right shoulder pain, and right knee pain. There were no respiratory complaints documented. The exam of the lumbar spine showed decreased range of motion with tenderness to palpation of the lumbar paravertebral muscles. The diagnosis includes lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, lumbar sprain and strain, right shoulder impingement syndrome, right shoulder sprain and strain, right knee internal derangement, right knee sprain and strain, loss of sleep, sleep disturbance, elevated blood pressure and hypertension. Under consideration is the medical necessity for pulmonary function testing-spirometry including graphic record, total and timed vital capacity, expiratory flow rate measurement, with or without maximal voluntary ventilation. Pulmonary function testing-spirometry was denied during utilization review dated 11/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary function testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (updated 10/29/13) Pulmonary Function Testing

Decision rationale: The California MTUS is silent regarding the use of Pulmonary Function Testing (PFT). According to the ODG PFTs are recommended in the evaluation of asthma, in other lung diseases it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. In this case the patient does not have any subjective or objective respiratory symptoms. There is no documented medical reason for pulmonary function tests.