

<b>Case Number:</b>	CM14-0180544		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/24/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 is a 41-year old patient with a date of injury on 8/24/2014. The mechanism of injury occurred when she reported a pop in her right hand near the middle finger while removing packing from product. In a progress note dated 11/12/2014, the patient complained of constant pain rated 7/10 in the right shoulder, right wrist, and right hand. There was heaviness, numbness, tingling, and weakness present. There was also constant pain rated 8/10 in the right elbow. Objective findings include range of motion was decreased and painful in the right shoulder; range of motion was painful in right hand; and tenderness to palpation of anterior elbow, dorsal wrist, lateral wrist, medial wrist, and volar wrist. The diagnostic impression showed right shoulder impingement syndrome; right shoulder sprain/strain; right elbow pain/strain; right carpal tunnel syndrome; and right de Quervain's disease. Treatment to date includes medication management, behavioral modification, and physical therapy. A UR decision dated 10/7/2014 denied the request for Spirometry and pulmonary function testing, sleep disorder breathing respiratory study with overnight pulse oximetry and nasal function studies. The rationale provided regarding the denial was that there was no documentation of respiratory symptoms or complaints. There was no clinical suspicion for asthma or chronic pulmonary disease. The patient has no documentation of unexplained insomnia refractory to behavior modification. He was not diagnosed with insomnia most days of the week (at least 4 nights) for at least 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spirometry and pulmonary function testing, sleep disorder breathing respiratory study with overnight pulse oximetry and nansal function studies:** 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 Function Testing; Polysomnography and Overnight Sleep Study

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pain Chapter

**Decision rationale:** CA MTUS does not address this issue. Official Disability Guidelines (ODG) states that pulmonary function testing is recommended. It is separated into simple spirometry and complete pulmonary function testing. It is recommended in asthma, and 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, it incorporates pulmonary exercise stress testing. PFT is recommended for the diagnosis and management of chronic lung diseases. However, in the 11/12/2014 progress report, there were no subjective or objective findings of respiratory symptoms. The patient was not diagnosed with asthma or any lung diseases. ODG criteria for polysomnography include: Excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaints for at least six months (at least four nights of the week). However, in the present case, the patient was not diagnosed with somnolence, cataplexy, morning headache, intellectual deterioration, personality change, or insomnia for 6 months (at last 4 nights of the week). Therefore, the request for Spirometry and pulmonary function testing, sleep disorder breathing respiratory study with overnight pulse oximetry and nasal function studies is not medically necessary.