

Case Number:	CM14-0201688		
Date Assigned:	12/12/2014	Date of Injury:	03/29/2014
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for reflux and alleged bronchitis reportedly associated with an industrial injury of March 29, 2014. In a Utilization Review Report dated November 18, 2014, the claims administrator denied pulmonary function testing. A progress note of October 7, 2014 was referenced in the denial. The applicant's attorney subsequently appealed. In a June 5, 2014 progress note, the applicant reported current complaints of bleeding nose and swollen tongue. The applicant also had issues with dry cough and shortness of breath alleged in the review of systems section of the note. The applicant was given primary diagnoses of bronchitis and industrial asthma with ancillary diagnoses of low back pain and esophagitis. The applicant was placed off of work, on total temporary disability, while pulmonary function testing and a chest x-ray were endorsed. The applicant was started on omeprazole. On June 28, 2014, the applicant apparently presented to the Emergency Department with a flare of a burning sensation of some kind about the lungs. The applicant was given diagnoses of asthma and apparently discharged on Vicodin, Motrin, and oral Cipro. The applicant did have pulse ox of 97% on room air. On July 2, 2014, the applicant was given environmental restrictions. It did not appear that the applicant was working. The applicant continued to report diffuse symptoms which included cough, shortness of breath, and fatigue. The applicant had apparently been terminated by her former employer. The applicant again presented to the Emergency Department on September 25, 2014 reporting nausea, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary function test: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Pulmonary Function Testing article.

Decision rationale: The MTUS does not address the topic. However, Medscape notes that indications for pulmonary function testing include the establishment of baseline lung function, to evaluate dyspnea, and/or to detect pulmonary disease. Here, the applicant has presented on multiple occasions interspersed throughout 2014, referenced above, reporting issues with dyspnea, shortness of breath, cough, etc. Asthma has been postulated as an operating diagnosis. Obtaining pulmonary function testing to establish the operating diagnosis and source of the applicant's ongoing complaints of dyspnea is, thus, indicated here. Therefore, the request is medically necessary.