Case Number:	CM15-0137210		
Date Assigned:	07/27/2015	Date of Injury:	04/10/2015
Decision Date:	09/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial injury on April 10, 2015. The injured worker reported exposure to diesel fumes from a train causing severe headaches, dizziness, and fatigue, pain in the ears, irritation of the throat, gagging, sensation that there is something in the throat, blurred vision, and constant irritation and burning of the eyes. The injured worker was diagnosed as having exacerbation of asthma, headaches, chronic rhinitis, osteoarthritis, bronchitis, and sinus infection. Treatment and diagnostic studies to date have included chest x-ray, sinus x-rays, medication regimen including inhalers, attempted pulmonary function testing, and pulmonary consultation. In a progress note dated June 30, 2015 the treating physician reports complaints of intermittent shortness of breath, throat irritation, tightness and chest pressure at night with cold air, blurry eyes, sinus pressure, thick, white, and intermittent phlegm, and fatigue. The treating physician noted prior chest x-ray and sinus x-rays with the dates unknown that were noted to be unrevealing for acute processes. The treating physician noted that prior pulmonary function testing was attempted, but the injured worker was unable to tolerate the test. Examination reveals was unrevealing for acute pulmonary findings. The treating physician requested pulmonary function testing as previously recommended by pulmonology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary function testing: Overturned

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.

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

Decision rationale: Per ODG guidelines, Pulmonary Function Testing (PFT) is a complete evaluation of the respiratory system including patient history, physical examinations, chest x-ray examinations, arterial blood gas analysis, and tests of pulmonary function. The primary purpose of pulmonary function testing is to identify the severity of pulmonary impairment. Pulmonary function testing has diagnostic and therapeutic roles and helps clinicians answer some general questions about patients with lung disease. PFTs are normally performed by a respiratory therapist. In this case, the patient has undergone a formal pulmonary consultation and the requested pulmonary function tests were recommended as part of the evaluation of continued issues with shortness of breath related to diesel fume exposure. Medical necessity for the requested study is established. Therefore, the request is medically necessary.