

<b>Case Number:</b>	CM15-0161380		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 12, 2013. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for pulmonary function testing. The claims administrator referenced a July 7, 2015 progress note in its determination. An RFA form dated July 15, 2015 was also cited. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported ongoing complaints of neck, back, knee, arm, and hand pain. The applicant was pending a left knee arthroscopy, it was reported. The applicant was undergoing a preoperative clearance evaluation, it was stated. The applicant denied any issues with heart disease, lung disease, chest pain, or palpitations, it was acknowledged. The applicant was obese, with a BMI of 45, it was reported. The applicant pulse ox on room air was 97% with respirations of 13. The applicant was on Prilosec and tramadol, it was reported. The applicant was a nonsmoker, it was further noted. The applicant's respiratory review of systems was negative, it was acknowledged. The applicant exhibited a normal cardiopulmonary exam. Chest x-ray, EKG testing and pulmonary function were apparently endorsed, reportedly for propose of evaluating the applicant's preoperative risk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), Pulmonary function testing.

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

**Decision rationale:** No, the request for pulmonary function testing was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODGs Pulmonary Chapter Pulmonary Function Testing Topic does acknowledge that pulmonary function testing is recommended in preoperative evaluation of applicants who may have some degree of pulmonary compromise and/or in the preoperative testing of the pulmonary applicant, here, however, the July 27, 2015 progress note at issue made no mention of the applicant's having any active pulmonary complaints. The applicant's pulse ox on room air was 97%. The applicant denied any issues with cough, dyspnea, or the like. The applicant had no known history of cardiopulmonary diseases, it was stated on that date. It was not clearly stated, in short, why preoperative pulmonary function testing was sought here, when the applicant did not have a noteworthy pulmonary history. Therefore, the request was not medically necessary.