Case Number:	CM15-0197897		
Date Assigned:	10/13/2015	Date of Injury:	12/07/2009
Decision Date:	11/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/08/2015

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: California
Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 12-7-09. The injured worker has complaints of cervical spine pain with a pain level of 7 on a scale of 1 to 10 that radiates toward back and to arms. The injured worker has low back pain with a pain level of 6 to 9 and worse with activity and the pain radiates to the bilateral legs and upper back. The injured worker complains of bilateral shoulder pain with a pain level of 8 and right knee pain with a pain level of 7 to 8. There is decreased cervical lordosis and muscle guarding and muscle spasms. There is tenderness to palpation about the cervical spine and upper trapezius. Cervical spine range of motion is decreased. Shoulder range of motion is decreased. Straight leg raise in the sitting position is positive on the right at 30 degrees but negative on the left and straight leg raise in the supine position is positive bilaterally at 25 degrees on the right and 35 degrees on the left. Lumbar spine X-rays on 9-16-14 revealed degenerative anterior superior and anterior inferior endplate osteophytes seen at T12 through L5. Right knee X-rays on 9-16-14 revealed unremarkable knee study. Anatomical impairment for cervical and lumbar spine on 6-5-15 revealed normal findings. Anatomical impairment measurements report right knee X-rays on 4-20-15 revealed knee joint 5.1 millimeter, 0 percent impairment, patella-femoral joint 3.5 millimeter and 0 percent impairment. Upper gastrointestinal exam on 12-22-14 revealed mild generalized decrease in the gastric rugal folds; inflammatory or less likely infiltrate process cannot be excluded; suggest correlation with endoscopy and mild gastroestrophageal reflux. Electromyography and nerve conduction velocity study of the bilateral lower extremities on 12-16-14 revealed abnormal study. The diagnoses have included disorders of bursae and tendons in

shoulder region, unspecified. Treatment to date has included umbilical hernia on 3-18-15; right shoulder surgery on 4-13-10; home exercise program; physical therapy; revision arthroscopic rotator cuff repair on 6-27-11; synvisc injection right knee and medications. The original utilization review (9-4-15) non-certified the request for spirometry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spirometry: 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 (updated 05/27/2015), Online Version.

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

Decision rationale: The requested Spirometry, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pulmonary, Pulmonary Function Test (Spirometry) is recommended to evaluate various obstructive and restrictive pulmonary disorders. The injured worker has cervical spine pain with a pain level of 7 on a scale of 1 to 10 that radiates toward back and to arms. The injured worker has low back pain with a pain level of 6 to 9 and worse with activity and the pain radiates to the bilateral legs and upper back. The injured worker complains of bilateral shoulder pain with a pain level of 8 and right knee pain with a pain level of 7 to 8. There is decreased cervical lordosis and muscle guarding and muscle spasms. There is tenderness to palpation about the cervical spine and upper trapezius. Cervical spine range of motion is decreased. Shoulder range of motion is decreased. Straight leg raise in the sitting position is positive on the right at 30 degrees but negative on the left and straight leg raise in the supine position is positive bilaterally at 25 degrees on the right and 35 degrees on the left. Lumbar spine X-rays on 9-16-14 revealed degenerative anterior superior and anterior inferior endplate osteophytes seen at T12 through L5. Right knee X-rays on 9-16-14 revealed unremarkable knee study. Anatomical impairment for cervical and lumbar spine on 6-5-15 revealed normal findings. Anatomical impairment measurements report right knee X-rays on 4-20-15 revealed knee joint 5.1 millimeter, 0 percent impairment, patella-femoral joint 3.5 millimeter and 0 percent impairment. Upper gastrointestinal exam on 12-22-14 revealed mild generalized decrease in the gastric rugal folds; inflammatory or less likely infiltrate process cannot be excluded; suggest correlation with endoscopy and mild gastroestrophageal reflux. The treating physician has not documented sufficient evidence of significant pulmonary disease to establish the medical necessity for this diagnostic exam. The criteria noted above not having been met, Spirometry is not medically necessary.