

Case Number:	CM15-0050014		
Date Assigned:	03/23/2015	Date of Injury:	11/18/2014
Decision Date:	06/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 29-year-old male, who sustained an industrial injury on 11/18/2014. He reported inhaling a chemical after an explosion. Diagnoses have included exposure to possible health hazard and shortness of breath. Treatment to date has included medication. computed tomography of the chest dated 1/2/2015 revealed minimal biapical scarring and a single, tiny filling defect in a right middle lobe bronchiole which could reflect aspirated material or a mucus plus. According to the progress report dated 12/29/2014, the injured worker complained of dyspnea on exertion and a sense of airway tightness. He was using his inhaler only occasionally. Current medications included Ventolin, Flovent and Tessalon. Lungs sounds were clear to auscultation. He was to return to regular duty. Authorization was requested for a pulmonary function test.

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 (ODG); Pulmonary Function Testing (updated 7/29/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Pulmonary testing, page 968.

Decision rationale: ODG notes recommendations for Spirometric testing in the workplace where spirometry is employed in the primary, secondary, and tertiary prevention of occupational lung disease or evaluation and following of patients and screening exposed populations of workers for respiratory conditions and is indicative here with reported injury from inhaling chemical after explosion with possible exposure. Submitted reports have demonstrated the indication of medical necessity for the above testing. The Pulmonary Function Test is medically necessary and appropriate.