

Case Number:	CM15-0060641		
Date Assigned:	04/20/2015	Date of Injury:	06/09/2011
Decision Date:	07/27/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, 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 male, who sustained an industrial injury on 6/9/11. He reported pain in his neck, shoulders and low back related to cumulative trauma. The injured worker was diagnosed as having cervical pain, shoulder impingement, lateral epicondylitis and cervical strain. Treatment to date has included cardio-respiratory testing on 2/3/15, a left shoulder injection and Norco and Tramadol. As of the PR2 dated 2/17/15, the injured worker reports continued pain and stiffness in his neck. Objective findings include restricted left shoulder range of motion and tenderness on the cervical spine. The treating physician requested a pulmonary function test-spirometry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Function Testing- Spirometry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/303239-overview>.

Decision rationale: Pursuant to Medscape, pulmonary function testing and spirometry is not medically necessary. Spirometry is used to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, monitor effects of therapies used to treat respiratory disease, evaluate respiratory impairment, evaluate operative risk, and performs surveillance for occupational-related lung disease. In this case, the injured worker's working diagnoses are status post surgery left shoulder August 15, 2014; idiopathic peripheral autonomic neuropathy; and unspecified disorder of autonomic nervous system. The date of injury is June 9, 2011. Request for authorization is dated March 10, 2015. The progress note dated February 9, 2015 states the injured worker has ongoing left shoulder pain 8/10. Objectively, documentation contains a shoulder examination with tenderness and impingement. There is no lung examination. There is no heart examination. There is no clinical indication or rationale for pulmonary function testing. The treating provider also requested a cardio respiratory testing and autonomic function assessment. Consequently, absent clinical documentation with a clinical indication and rationale for pulmonary function testing, a detailed history and physical examination of the cardio respiratory system, pulmonary function testing and spirometry is not medically necessary.