

Case Number:	CM15-0063110		
Date Assigned:	04/08/2015	Date of Injury:	11/05/2011
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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 54 year old male, who sustained an industrial injury on 11/05/2011. The initial complaints or symptoms included neck and bilateral shoulder pain/injury. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, left shoulder manipulation (09/04/2013) left biceps tendon repair (02/24/2012), left shoulder (01/26/2012), conservative therapies, x-rays, and MRIs. Currently, the injured worker complains of persistent neck and bilateral shoulder pain with numbness and tingling in the left hand/fingers. The injured worker reported sleep disturbance since the Lunesta was denied and the Lidoderm patches have previously helped to relieve some of his pain/symptoms. The diagnoses include neck pain with abnormal MRI findings (07/18/2013), left shoulder pain status post left shoulder rotator cuff repair and manipulation, right shoulder pain, and left biceps tendon repair. The treatment plan consisted of a cardiology evaluation with stress test, an echocardiogram, a pulmonary function test, consultation referrals, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full 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-Treatment for Workers' Compensation, Online Edition Chapter: 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 Section, Pulmonary Function Testing.

Decision rationale: Pursuant to the Official Disability Guidelines, full pulmonary function studies are not medically necessary. Pulmonary function testing is separated into simple spirometry and complete pulmonary function testing. Complete pulmonary function testing is utilized and incorporates pulmonary exercise stress testing. It is recommended for the diagnosis and management of chronic lung diseases. It is recommended in the preoperative evaluation of individuals who have some degree of pulmonary compromise and require pulmonary resection or in the preoperative assessment of the pulmonary patient. In this case, the injured worker's working diagnoses are neck pain; left shoulder pain, left rotator cuff repair January 26, 2012 and manipulation under anesthesia September 4, 2013; right shoulder pain; left biceps repair February 24, 2012 and history of pulmonary embolism (not documented in list of diagnoses). Documentation from a January 12, 2015 progress note and a February 9, 2015 progress note do not contain clinical entries referencing shortness of breath or repeat ongoing pulmonary embolism testing. Subjectively, there is no documentation of shortness of breath. The documentation indicates the injured worker has had problems with pulmonary emboli and is on an O2 concentrator at night. Objectively, there are no vital signs documented in the medical record and there is no heart or lung physical examination and medical record. There is no documentation referencing pulmonary function testing is clinically indicated. There is no clinical rationale for complete pulmonary function testing. The request for authorization request contains full pulmonary function testing. Consequently, absent clinical documentation with shortness of breath and a heart and lung physical examination and a clinical rationale supporting full pulmonary function testing, full pulmonary function testing is not medically necessary.