

<b>Case Number:</b>	CM14-0211258		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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, Arizona

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 60-year-old male who reported injury on 7/20/2014. The AME report dated 10/8/2014 states the injury was a puncture wound to the left thumb caused by a hypodermic needle while picking up trash. He was initially treated with Truvada for 30 days and was given injections to prevent hepatitis A and B and a tetanus shot. He has been tested periodically for HIV and other diseases; all tests have been normal. The injury led to anxiety and depression. His symptoms include weight loss, chest pressure, abdominal pain, nausea, dizziness, fatigue, sleep problems, headaches and loss of sexual desire. He also complained of occasional shortness of breath, dyspnea on exertion and gasping for air at night. A sleep study report showed the injured worker has a "mild pathological sleep breathing respiratory disorder". His medications are Simvastatin, Ibuprofen, Methocarbamol and Tylenol. The treating provider requests pulmonary function testing in relation to his chest pain. The office visit notes dated 8/8/2014 and 9/8/2014 were both negative for chest pain. On 10/18/2014, the injured worker complained of occasional shortness of breath and dyspnea on exertion. The injured worker denied any sleep apnea, cough, asthma, wheezing, hemoptysis, rhonchi, or bronchitis. Physical examination noted that lungs were clear to auscultation. There were no rales or wheezes. There was no dullness to percussion. Medical treatment plan is for the injured worker to undergo pulmonary function testing. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary Function Testing:** 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 07/29/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary, Pulmonary function test.

**Decision rationale:** The request for pulmonary function testing is not medically necessary. According to the Official Disability Guidelines, pulmonary function testing is recommended to assess lung volumes. Traditional methods or by using plethysmography, requiring the use of a body box is also indicated. PFT are recommended when there is a diagnosis of asthma. In other lung diseases, it can be used to determine the diagnoses and provide estimates of prognosis. In these diseases, the complete PFT is utilized and on occasions, incorporates pulmonary exercise stress testing. It is recommended for the diagnosis and management of chronic lung disease. Lastly, it is recommended in the preoperative evaluation of individuals who may have some degrees of pulmonary compromise and require pulmonary resection or in the preoperative assessment of a pulmonary patient. The submitted documentation indicated that the injured worker reported occasional shortness of breath. However, there was no evidence of the injured worker having a diagnosis of asthma or any other chronic lung diseases. Additionally, there was no indication of the injured worker being preoperative. Given the above, the submitted request would not be indicated. As such, the request is not medically necessary.