

Case Number:	CM15-0114893		
Date Assigned:	06/23/2015	Date of Injury:	09/02/2013
Decision Date:	07/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: Preventive Medicine, Occupational 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 34 year old female who sustained an industrial injury on 9/2/13 when she fell from a ladder landing on her knee and face causing immediate onset of pain. She was medically evaluated, had x-rays of her left knee and given medication. She returned to work and continued with pain. She received acupuncture. Pain continued and she continued to work and her left knee locked causing her to fall. She had an MRI and was diagnosed with a tear in the lateral meniscus. She currently complains of bilateral knee pain with a pain level of 8/10 and left ankle pain with a pain level of 7/10. In addition she has gastrointestinal pain with a pain level of 7/10. On physical exam there was tenderness on palpation over the right and left knee with spasms and decreased range of motion, McMurray's test is positive on the right; the left ankle has tenderness on palpation. She has difficulty with strenuous activities and activities that involve gripping. She had a positive H.Pylori test. Medications include Motrin, Gaviscon, ranitidine, probiotics, Carafate, simethicone, dexilant. Diagnoses include left knee meniscal tear; left knee anterior cruciate ligament partial thickness tear; left ankle pain; right knee sprain/ strain, compensatory; left knee sprain/ strain; acid reflux; sleep disorder. Treatments to date include physical therapy; transcutaneous electrical nerve stimulator unit; hot compresses; pain evaluation. On 5/29/15 the treating provider requested pulmonary function testing. The physical exam dated 5/21/15 shows the lungs to be normal on auscultation and percussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pulmonary Function Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=36197>, Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation, *Anesthesiology*, 2012 Mar; 116(3): 522-38, page 527.

Decision rationale: MTUS Guidelines do not address this issue. Other standard setting bodies address this issue and the routine use of pulmonary function studies is not recommended unless there is clinical evidence of pulmonary insufficiency. There is no such clinical evidence documented in this individual. Based on the current information provided by the requesting physician, the request for one pulmonary function test is not supported by specialty Guidelines and is not medically necessary.