

Case Number:	CM15-0074748		
Date Assigned:	04/24/2015	Date of Injury:	10/23/2010
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, Texas

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 56 year old female, who sustained an industrial injury on October 23, 2010. She has reported breathing difficulties, wheezing, and cough. Diagnoses have included pulmonary disease, sleep disturbance, sleep apnea, dizziness and headache. Treatment to date has included medications, exercise, continuous positive airway pressure, imaging studies, and diagnostic testing. A progress note dated April 14, 2014 indicates a chief complaint of continued breathing difficulties. The treating physician documented a plan of care that included pulmonary function testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary function testing: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary.

Decision rationale: According to the ODG, PFTs are recommended as indicated. The simple spirometry will measure the forced vital capacity and provides a variety of airflow rates such as the forced expiratory volume in one second and the forced expiratory flow between 25-75% of the total exhaled volume. The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide. The use of PFTs is for the diagnosis and management of chronic lung diseases. In addition, PFTS are recommended for the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. In this case, the patient has a diagnosis of bronchial hyperactivity. The progress note documents worsening dyspnea with exertion. PFTs done 3/15/12 were within normal. A recent heart evaluation was unremarkable. The repeat PFTS are medically warranted given the worsening dyspnea with normal cardiac studies.