

<b>Case Number:</b>	CM13-0016537		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of September 4, 2007. A utilization review determination dated August 21, 2013 recommends non-certification of Pulmonary Rehabilitation. The previous reviewing physician recommended non-certification of Pulmonary Rehabilitation due to lack of documentation of therapy notes which outline clinical gains and identify specific and sustained benefit from care, functional goals which require the ongoing skilled care provided by pulmonary rehab, and extenuating circumstances noted. A Supervised Exercise Session Report dated June 18, 2013 identifies the patient did well with all tasks. SAT % was 97% pre-exercise, 94% mid, and 97% post. At least 16 sessions have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary rehabilitation:** 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, Pulmonary rehabilitation program.

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

**Decision rationale:** Regarding the request for pulmonary rehabilitation, California MTUS and ACOEM do not contain criteria for pulmonary rehabilitation. ODG states a pulmonary rehabilitation program is recommended. Generally programs of at least 6 weeks are recommended. Within the medical information made available for review, the patient has undergone at least 16 sessions in a pulmonary rehabilitation program. However, evidence of improvement with previous sessions has not been provided. There is no medical report from the treating provider identifying the rationale for continuing pulmonary rehabilitation. A frequency and duration has not been specified. In the absence of such documentation, the currently requested pulmonary rehabilitation is not medically necessary.