

Case Number:	CM13-0059275		
Date Assigned:	02/03/2014	Date of Injury:	07/26/2012
Decision Date:	05/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/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:

The injured worker is a 34 year old woman with a date of injury of 7/26/12. She was seen by her physician on 10/11/13 where she notes that her cough is lessened by her inhaler. Her physical exam showed that her oropharynx was erythematous with red and swollen nasal turbinates. She had tenderness on the maxillary sinus area. She had erythema of both tympanic membranes. Her lungs were clear with no wheezing. Her diagnoses included reactive airway disease, pharyngitis and mild maxillary sinusitis and otitis media. At issue in this review is the request for a nebulizer and mask for future use with budenoside and albuterol medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEBULIZER WITH MASK AND MOUTH PIECE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Delivery Of Inhaled Medication In Adults.

Decision rationale: This injured worker is diagnosed with reactive airway disease, pharyngitis and mild maxillary sinusitis and otitis media. Her lung exam is documented as clear and her

cough symptoms are improved with her current inhaler. The records do not substantiate the medical necessity of nebulized medications in this injured worker.