MAXIMUS Federal Services

Case Number:	CM13-0069714		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2012
Decision Date:	03/31/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 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:

The patient is a 48 year old female with a date of injury on 10/03/2012. She was assaulted by a shoplifter and sustained blunt trauma to the right side of her rib cage. She fell down and started to cough up blood. On 09/04/2012 she had a previous partial lobectomy for lung cancer. On 12/02/2012 the chest was clear. There was no wheezing. On 01/09/2013 a MRI revealed a small right pleural effusion. On 05/14/2013 she still had hemoptysis of a teaspoon of blood daily. On 06/20/2103 she still had hemoptysis with right side pleuritic chest pain, and her chest was clear. There was a right chest wall contusion at the anterior 7th and 8th rib area. On 08/26/2013 the vital signs were normal and the chest was clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ProAir HFA inhalation aerosol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and the FDA http://www.drugs.com/pro/proair-hfa.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved packet insert, Proair. Fishman AP, Editor in Chief. Fishman's Pulmonary Diseases and Disorders, 4th Edition. 2008

Decision rationale: The MTUS Guidelines do not address the use of ProAir in any condition. ProAir is FDA approved for the treatment of asthma. There is no documentation that this patient has asthma. Her chest is clear according to the medical records provided for review. The partial lobectomy for lung cancer was prior to her date of injury. She has a history of lung cancer, partial lobectomy, chest wall contusion and hemoptysis. None of those conditions is an FDA approved indication for ProAir. The request for ProAir HFA inhalation aerosol is not medically necessary and appropriate.