

Case Number:	CM14-0007626		
Date Assigned:	02/10/2014	Date of Injury:	02/27/1995
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 54 year old male who has undergone a number of surgical procedures addressing the right hip. The clinical note dated 12/05/13 indicates the injured worker having been diagnosed with asthma. The note indicates the injured worker undergoing the use of Xolair. The injured worker had significant deficits at both hips. The injured worker was able to demonstrate 5 degrees of internal rotation bilaterally as well as external rotation on the right at 20 degrees and 15 degrees on the left. The clinical note dated 01/03/13 indicates the injured worker having been tested for his testosterone levels in order to address findings of fatigue. However, the test showed normal levels. The operative note dated 02/04/13 indicates the injured worker undergoing a left total hip arthroplasty revision. The previous utilization review dated 12/23/13 indicates the injured worker having been denied services to include a pulmonary rehabilitation treatment. No information had been submitted regarding the injured worker's findings consistent with COPD.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY REHABILITATION PROGRAM (QTY=MONTHS) QTY: 2: 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 Chapter, Inpatient Rehabilitation.

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

Decision rationale: The request for a pulmonary rehabilitation program x 2 months is not medically necessary. The documentation indicates the injured worker having undergone a number of procedures at the hips. The injured worker has also been diagnosed with asthma. Inclusion into a pulmonary rehabilitation program is indicated for injured workers with COPD. No information was submitted regarding the injured worker's findings consistent with chronic obstruction pulmonary disease. Therefore, this request is not indicated as medically necessary.