

Case Number:	CM14-0107140		
Date Assigned:	08/01/2014	Date of Injury:	08/10/2008
Decision Date:	10/07/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation 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 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 patient is a 62-year-old female who has submitted a claim for morbid obesity, h/o NHL, OSA, hypertension, diabetes mellitus, and possible asthma associated with an industrial injury date of 8/10/2008. Medical records from 2/21/2012 up to 6/3/2014 were reviewed showing that the patient has multiple medical problems including difficulty breathing, allergies, hypertension, obesity, obstructive sleep apnea, kidney stones, and diabetes. She has stopped taking all her anti-hypertensive and diabetic medications and is currently taking herbal supplements. Objective findings include an obese female in no acute distress, vitals were normal, chest is clear with no audible murmurs, and there is no wheezing. Most recent spirometry done on 6/3/2013 showed an FEV1 of 76%; pulse oximetry done on 6/3/2014 showed 97% at rest on room air and 98% done on 4/9/2014. Treatment to date has included Augmentin, metformin, Allegra, Lisinopril, CPAP, and herbal medications. Utilization review from 6/26/2014 denied the request for 1 Pulse oximetry. Guidelines support the use pulse oximetry if cyanosis or cor pulmonale present or if FEV1 is <50% predicted. Based on the submitted documents, the guidelines do not support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pulse Oximetry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Clinical Guideline Centre for Acute and Chronic Conditions. COPD. Management of COPD in adults in primary and secondary care. London (UK): National Institute for Health and Clinical Excellence (NICE); 2010 Jun. 61p. (Clinical guideline; no. 101)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the National Clinical Guideline Centre for Acute and Chronic Condition: Management of COPD in adults in primary and secondary care was used instead. As per guideline, pulse oximetry is used to assess the need for oxygen therapy; if cyanosis or cor pulmonale present, or if forced expiratory volume in 1 second (FEV1) <50% predicted. In this case, the patient does complain of respiratory discomfort, probably secondary to allergic airway disorder: possible asthma. However, her most recent oxygen saturation was within normal limits 97-98%. Her most recent spirometry testing done on 6/3/2013 showed an FEV1 of 76%. She did not present with cyanosis or cor pulmonale. There is no clear indication for this request. Therefore the request for 1 Pulse Oximetry is not medically necessary.