

Case Number:	CM14-0015189		
Date Assigned:	02/28/2014	Date of Injury:	07/31/1987
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 injured worker is a 58-year-old female who reported an injury on 07/31/1987. The diagnosis per the application for independent medical review is toxic effect gas/vapor NOS. The mechanism of injury was not provided. There was no clinical documentation submitted with the review including a PR-2 nor DWC Form Request for Authorization to support the request. The request was made for medical oxygen at 4 liters, 5 hours per day, between 01/17/2014 and 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL OXYGEN ADMINISTERED AT 4 LITERS (5HRS PER DAY) BETWEEN 1/17/14 AND 3/3/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.comopb/medical/data/1_99/0002.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) COPD - Chronic Obstructive Pulmonary Disease, Initial evaluation of COPD

Decision rationale: The Official Disability Guidelines indicate that Oxygen is used in Stage 4 COPD patients who have chronic respiratory failure and/or cor pulmonale. There was no clinical documentation including a PR-2 nor DWC Form Request for Authorization to support the necessity nor provide the rationale for the requested treatment. At this time, the documentation does not support the medical necessity of the proposed treatment. Given the above, the request for medical oxygen administered at 4 liters, 5 hours per day, between 01/17/2014 and 03/03/2014 is not medically necessary.  