

<b>Case Number:</b>	CM14-0015992		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	05/21/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 65-year-old female who reported an injury on 05/21/2003. The injured worker had a followup visit with [REDACTED] on 12/30/2013. The injured worker reported headaches, fatigue, sinus trouble and congestion, sleeping poorly, wrist pain, and use of Tylenol as needed for pain. The injured worker was alert and oriented and in some physical distress. Lung sounds were clear, no pleural rub was noted, and vital signs were within normal limits. The injured worker had diagnoses including status post pulmonary emboli, chronic obstructive pulmonary disease, asthma, chest pain, edema, fatigue, and anxiety. During the followup visit, the clinical note stated that there was a discussion pertaining to wellness and exercising, avoiding triggers for asthma, and anticoagulant therapy for life. The documents submitted for this review did not include a request for authorization for medical treatment. The provider requested a pulmonary rehabilitation program, evaluation, and 36 sessions at [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PULMONARY REHABILITATION PROGRAM EVALUATION AND 36 SESSIONS AT [REDACTED]:** 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 Rehabilitation Program.

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

**Decision rationale:** The Official Disability Guidelines, Pulmonary Chapter, indicates that pulmonary rehabilitation programs are recommended. The guidelines indicate 3 weeks of pulmonary rehabilitation for patients with COPD is effective for improving exercise endurance and quality of life. The guidelines continue to state that pulmonary rehabilitation is also effective for patients with other kinds of respiratory diseases. Although the injured worker has a history of pulmonary embolism, chronic obstructive pulmonary disease, and asthma, the clinical documentation indicated no significant pulmonary distress. The injured worker had clear lung sounds and was without pleural rub. In addition, the request for 36 sessions of pulmonary rehabilitation would exceed the guideline recommendation for a 6 week course of care. The submitted request did not indicate the frequency of the sessions of pulmonary rehabilitation being requested. Therefore, the request for a Pulmonary Rehabilitation Program Evaluation and 36 sessions at [REDACTED] is not medically necessary.