

<b>Case Number:</b>	CM14-0042786		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/22/1995
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 gentleman with a date of injury of 05/22/1995. The submitted and reviewed documentation did not identify the mechanism of injury. No recent clinical documentation was submitted. An office visit note by [REDACTED] dated 09/06/2012 and a colonoscopy procedure report dated 10/30/2012 by [REDACTED] indicated the worker was experiencing pain in the lower back and both legs. Documented examinations described a right foot wound, a painful gait, swelling in both legs, a pulse oxygen saturation of 96%, and a body mass index of 42 kg/m<sup>2</sup>. The colonoscopy study showed two polyps, and the pathology report by [REDACTED] on 11/01/2012 indicated they were not cancers. The submitted and reviewed records concluded the worker suffered from chronic obstructive pulmonary disease, diabetes and its complications, obesity, low thyroid function, high cholesterol, high blood pressure, lower back and leg pain, chronic kidney disease, reflux disease, an enlarged prostate, internal hemorrhoids, heart failure, and chronic pain. Treatment included oral and topical medications. There was no discussion of oxygen use or need. A Utilization Review decision by [REDACTED] was rendered on 03/31/2014 recommending non-certification for an eight-month rental of portable gaseous oxygen and for an eight-month rental of an oxygen concentrator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Portable Gaseous Oxygen rental for 8 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC464043/>.

**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:Tiep BL, et al. Long-term supplemental oxygen therapy. Topic 1445, version 11.0. UpToDate, accessed 08/12/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The literature supports the use of long-term supplemental oxygen therapy in those with chronic obstructive pulmonary disease (COPD) and low oxygen in their blood. Specifically, oxygen in the arteries measured as a PaO<sub>2</sub> lower than 56 mmHg or a pulse oxygen saturation of lower than 89%; these numbers can be slightly higher if the person has other specific findings. The choice of delivery systems should match the individual needs of the user. Those who are mobile in the home and regularly go beyond fifty feet from a larger oxygen source tend to benefit from portable systems. The submitted and reviewed documentation reported the worker suffered from COPD. There was no discussion of oxygen use, anticipated benefits, mobility, or descriptions of low oxygen levels. In addition, no recent clinical documentation was submitted. In the absence of such evidence, the current request for eight-month rental of portable gaseous oxygen is not medically necessary.

**Oxygen Concentrator rental for 8 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8113068>.

**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:Tiep BL, et al. Long-term supplemental oxygen therapy. Topic 1445, version 11.0. UpToDate, accessed 08/12/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The literature supports the use of long-term supplemental oxygen therapy in those with chronic obstructive pulmonary disease (COPD) and low oxygen in their blood. Specifically, oxygen in the arteries measured as a PaO<sub>2</sub> lower than 56 mmHg or a pulse oxygen saturation of lower than 89%; these numbers can be slightly higher if the person has other specific findings. The choice of delivery systems should match the individual needs of the user. Oxygen concentrators use room air to increase the amount of oxygen provided to the user. The submitted and reviewed documentation reported the worker suffered from COPD. There was no discussion of oxygen use, description of low oxygen levels, or suggested anticipated benefits. In addition, no recent clinical documentation was submitted. In the absence of such evidence, the current request for an eight-month rental of an oxygen concentrator is not medically necessary.