

<b>Case Number:</b>	CM14-0182183		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	12/04/1998
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Pulmonary and is licensed to practice in New York. 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 is a 72 year old male with a date of injury of 12/04/1998. He has a past history of COPD, atrial fibrillation, CABG 03/07/2008, diabetes, cardiomyopathy and hypertension. On 01/16/2013 he had atrial fibrillation. On 11/07/2013 it was noted that his left ventricular ejection fraction was 35%. On 07/14/2014 the chest was clear. Heart sounds were normal; regular. He had no chest pain, shortness of breath or syncope. On 07/21/2014 the O2 saturation was 95%. The blood pressure was 110/60. He had no chest pain, edema or shortness of breath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ventilator 1 year rental (7/27/2014 through 7/27/2015): 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 Fishman AP, Editor in Chief. Fishman's Pulmonary Diseases and Disorders, 4th Edition. 2008.

**Decision rationale:** MTUS does not address the need for a ventilator. The injured worker has a listed diagnosis of COPD but there is no indication that he has respiratory failure - either acute or chronic. There is no indication that he was ever intubated and placed on mechanical ventilation

for respiratory failure. There is no indication that the injured worker has an elevated pCO<sub>2</sub> with renal compensation of an elevated HCO<sub>3</sub>. There is no documentation of complex sleep apnea or central sleep apnea. There is no clinical documentation to substantiate that a ventilator was previously needed or there is any reason to suspect that the injured worker might require a ventilator in the future. There is no documentation provided for review to substantiate the medical necessity for renting a ventilator for a year. The request for a Ventilator 1 year rental (7/27/2014 through 7/27/2015) is not medically necessary.