

Case Number:	CM14-0198092		
Date Assigned:	12/08/2014	Date of Injury:	08/28/2006
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency 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:

Injured worker has a reported date of injury on 8/28/2006. No mechanism of injury was documented. Injured worker has a diagnosis of cystic fibrosis and sinus problems post-surgery. Injured worker also has a history of pancreatic cancer post Whipple procedure. Medical reports reviewed. Last report available until 10/15/14. Cystic fibrosis is reportedly well controlled. Injured worker has some abdominal pains. Objective exam revealed lungs were clear and nontender abdomen. Prescription from 7/8/14 and 10/15/14 shows that air filter assembly attachment for the MobilAire nebulizer compressor needed replacing every 3 months as needed. Medications include Lexapro, Klonopin, Azithromycin, Zenpep, Pulmozyme, Fluticasone, Levalbuterol, Pancrelipase, Rabeprazole, saline inhalation solution, Sucralfate and Zolpidem. Independent Medical Review is for Invacare MobilAire filter 3x2. It is unclear how Cystic Fibrosis relates to an industrial injury however this review will just assess the medical necessity of the claim and does not take sides into any legal issues between claimant, lawyers and insurance company. Prior UR on 10/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Invacare MobilAire filter 3 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Levalbuterol; Official Disability Guidelines (ODG) Knee and Leg, Durable Medical Equipment (DME)

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, injured worker's current pulmonary treatments with nebulizer medications are medically necessary. As per Durable Medical Equipment (DME) criteria, the Invacare Mobil air filters are necessary for proper maintenance and function of the nebulizer machine. Since injured worker's underlying disease is chronic and will not acutely improve, continued use of the inhaled medications via a proper functioning nebulizer is necessary. The request for Invacare MobilAire filter 3 units with 2refills is medically necessary.