MAXIMUS Federal Services

Case Number:	CM15-0102378		
Date Assigned:	06/04/2015	Date of Injury:	01/23/2002
Decision Date:	09/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72 year old female sustained an industrial injury on 6-6-03. The injured worker was being treated for chronic lung disease secondary to silicon inhalation. Chest x-ray (3-10-15) showed increased reticular opacities in both lungs most likely related to increased fibrosis, with mild blunting of the left costophrenic angle and mildly enlarged cardiac silhouette without pulmonary vascular redistribution. In a PR-2 dated 3-26-15, the injured worker complained of shortness of breath and persistent dyspnea unrelieved by a recent course of steroids. The injured worker had been coughing up serous, yellowish to greenish sputum. The injured worker was not willing to consider a lung transplant. The physician noted that he was out of ideas. The injured worker was initiated on Lasix. In a PR-2 dated 4-7-15, the injured worker complained of ongoing shortness of breath. The injured worker had lost about 8 pounds due to Lasix. Physical exam was remarkable for heart with regular rate and rhythm with no audible murmurs, bilateral pitting edema to mid shins and lungs with poor breath sounds and wheezes. Current diagnoses included silicosis lung disease, dyspnea, dependent edema, neck pain and pernicious anemia. The treatment plan included refilling medications (Budesonide, Epi-pen, Lidoderm patch, Promethazine, Q-var, singular, Skelaxin, Xopenex, Xyzal, Cyanocobalamin, Lasix and Potassium). On 5-5-15, a request for authorization was submitted for a home contractor and supplies purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Concentrator and Supplies Purchase: 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/PMC1020555/ Technical and clinical assessment of oxygen concentrators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, home oxygen concentrators.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to-date guideline states that home oxygen concentrators are used in the treatment of patient with documented oxygen deficiency. The patient does have asthma but no documented indication of chronic oxygen deficiency requiring this type of device. Therefore the request is not certified or medically necessary.