

Case Number:	CM15-0130971		
Date Assigned:	07/17/2015	Date of Injury:	04/28/2007
Decision Date:	09/09/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 70 year old male, who sustained an industrial injury on 4/28/07. The mechanism of injury is not noted. The injured worker was diagnosed as having diaphragm paralysis, contusion of chest wall, dysphagia, chest pain and depressive disorder. Treatment to date has included activity restrictions, topical creams and oral amlodipine. On 6/2/15, the physician noted his pulmonary function was reasonably stable. Currently, the injured worker complains of constant pain in his chest, described as tight and rated 5-6/10, he notes the pain is unchanged and deep breaths increase discomfort. He also complains of frequent depression and anxiety. He is temporarily totally disabled. Physical exam performed on 5/29/15 noted a slow and cautious as to not aggravate his chest discomfort, shallow breaths and slow speaking. Physical exam dated 6/2/15 noted the provider did not expect his diaphragm paralysis to change over time and there is no treatment for this condition in his case. On 6/2/15, a prescription was written for Albuterol inhaler, 2 puffs every 6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Albuterol 90mcg/act inhaler with 1 refill: 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 (Acute & Chronic): (Albuterol) (Ventolin) (2015).

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

Decision rationale: Albuterol is a short-acting beta2-agonist. ODG recommends Albuterol as a first line choice for asthma. The injured worker does not have a documented diagnosis of asthma. On 6/2/15, the provider noted that pulmonary function was reasonably stable. The provider also noted he did not expect the injured worker's condition to change and there was no treatment for it. He is currently temporarily disabled. Based on the documentation submitted, the request for Albuterol is not medically necessary.