

Case Number:	CM15-0142519		
Date Assigned:	08/06/2015	Date of Injury:	12/02/1997
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, Indiana, 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 12-02-1997. Diagnoses include chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea. Treatment to date has included medications including Prednisone and Advair. Per the Primary Treating Physician's Progress Report dated 5-29-2015, the injured worker was still awaiting authorization for respiratory rehabilitation. He was admitted to the hospital in 4-18-2015 for COPD exacerbation with symptoms of worsening shortness of breath. Objective findings include oxygen saturation with exercise of 87%. He cannot walk more than 50 feet with shortness of breath. The plan of care included oxygen delivery at 22 per mm. Authorization was requested for oxygen concentrator, portable gas system and portable oxygen tank for 99 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxygen concentrator, portable gas system, portable oxygen tank for 99 months: 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
http://www.aetna.com/cpb/medical/data/1_99/0002.html.

Decision rationale: Pursuant to the Aetna clinical policy bulletin, oxygen concentrator, portable gas system, portable oxygen tank for 99 months is not medically necessary. Aetna considers oxygen for home use medically necessary durable medical equipment in the following circumstances: diagnosis of severe lung disease and qualifying lab value; diagnosis of other hypoxia related symptoms or findings with qualifying lab values; other diagnoses of hypoxia related symptoms or findings qualifying lab values that usually resolve with limited or short-term oxygen therapy. I do the basics from the actual number of reviews online payments and resting PaO₂, less than or equal to 55 mm Hg or oxygen saturation less than or equal to 88%. In this case, the injured worker's working diagnoses are COPD exacerbation; obstructive sleep apnea requiring CPAP at night; hyperlipidemia and chronic anemia. The date of injury is December 2, 1997. Request authorization is June 18, 2015. The documentation shows the injured worker sustained a crush injury in 1998. The start date for oxygen is not specified in the medical record. The documentation indicates the injured worker was hospitalized as an inpatient for a COPD exacerbation April 18, 2015 to April 20, 2015. The discharge summary indicates the injured worker's oxygen saturation's were 90% on 1 L at the time of discharge. The treating provider filled out the requisite form for home oxygen DME. The injured worker had qualifying lab values. The treating provider, however, requested a 99 months for a lifetime use of the DME. The injured worker was also awaiting authorization for pulmonary rehabilitation. A 99 month rental for the oxygen concentrator and portable gas system is excessive. Based on clinical information in the medical record, the oxygen concentrator and portable gas system is indicated for three months. The injured worker would need to be reevaluated to assess the ongoing clinical need of continuous oxygen therapy. Additionally, there is no clear causal relationship between the COPD and the industrial injury. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the excessive 99 month rental (lifetime) while the injured worker is receiving pulmonary rehabilitation, oxygen concentrator, portable gas system, portable oxygen tank for 99 months is not medically necessary.