

Case Number:	CM15-0143615		
Date Assigned:	08/04/2015	Date of Injury:	10/24/2008
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, California

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 is a 49 year old female patient, who sustained an industrial injury on 10-24-2008, while working as an engineer without a mask or airway protection. The diagnosis includes reactive airway disease. An updated progress report, with subjective complaints, objective findings, and current treatment was not noted. Per the Qualified Medical Examination dated 1-14-2015, she had complaints of pulsating facial pain, shortness of breath and frontal pressure type headache. She had diagnostic impressions of pansinusitis, reactive airway disease, mixed obstructive and restrictive ventilation impairments, dysphonia, hoarseness, vocal cord dysfunction due to gastroesophageal reflux disease and chronic coughing, obesity aggravated by Prednisone, obstructive sleep apnea due to obesity, relaxation of pelvis supports, stress urinary incontinence, and anxiety disorder. The medications list includes multiple inhalers, Omeprazole, sinus rinse, clonazepam, flonase nasal spray, prednisone, clarithromycin, Excedrin and Advil PM. Future medical treatment was deferred to her pulmonologist, allergist, and primary care physician. It was documented that she was working without difficulty since 2011 in a clean air environment. She has had Psychiatric panel QME on 6/26/2015. She has had PFT dated 1/15/2010 which revealed moderately reduced forced vital capacity and normal diffusing capacity. She has been managed by allergist, otolaryngologist and pulmonologist. Treatment to date has included multiple diagnostics, specialty care, sinus surgeries in 2009 and 2012, and medications. Currently, the treatment plan included pulmonary evaluation, allergy evaluation, and ENT (ear, nose, and throat) evaluation for reactive airway disease. The rationale for the requested treatment could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary evaluation for reactive airway disease: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has had previous PFTs that revealed decreased forced vital capacity, obstructive and restrictive impairments. She has a diagnosis of reactive airway disease and obstructive sleep apnea. She is taking multiple inhalers. The injured worker has been managed by a pulmonologist in the past. This is a complex case. A Pulmonary evaluation for reactive airway disease is deemed medically appropriate and necessary for this patient.

Allergy evaluation for reactive airway disease: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A recent detailed clinical evaluation note is not specified in the records provided. Patient has diagnosis of chronic airway disease. She has already been managed by a pulmonologist. Rationale for an additional allergy evaluation is not specified in the records provided. The medical necessity of allergy evaluation for reactive airway disease is not fully established for this injury.

ENT evaluation for reactive airway disease: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A recent detailed clinical evaluation note is not specified in the records provided. Patient has diagnosis of chronic airway disease. She has already been managed by a pulmonologist. Rationale for an additional ENT evaluation is not specified in the records provided. The medical necessity of ENT evaluation for reactive airway disease is not fully established for this injury.