

Case Number:	CM15-0193460		
Date Assigned:	10/07/2015	Date of Injury:	11/12/2010
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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 38 year old male who sustained an industrial injury on November 12, 2010. A recent consulting visit dated August 19, 2015 reported current medications consisting of: Advair, Spiriva, Mucinex, Allopurinol, and Omeprazole. Objective findings showed: diminished breath sounds, extremity edema at one plus. The patient's pulse oximetry down that day at visit showed: 95 % oxygen saturation at rest with 2 liters supplemental oxygen. A stress echocardiogram done on August 13, 2015 showed mild left ventricular hypertrophy; mild diastolic dysfunction; normal left ventricular size and systolic function and a left ventricular ejection fraction of 67%. The impression noted: obstructive sleep apnea syndrome, unresolved. There is noted recommendation for full night sleep study. The following diagnoses were applied to this visit: advanced respiratory insufficiency secondary to exposure to Diacetyl at work; morbid obesity; gout and sleep apnea disorder. The plan of care is with recommendation for probable cardiac catheterization measuring pulmonary artery pressure, supplemental oxygenation with study and supervised weight loss program. On September 03, 2015 a request was made for an oxygen study that was noncertified by Utilization Review on September 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lindy Walker Study (oxygen study), Qty 1: 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 Official Disability Guidelines (ODG) Pulmonary section, Interstitial lung disease.

Decision rationale: Pursuant to the Official Disability Guidelines, Lindy Walker study (oxygen study) #1 is not medically necessary. Interstitial lung disease extends more than 100 diseases. All share symptoms of shortness of breath and chronic cough. Detailed guidelines are contained in the Official Disability Guidelines. In this case, the injured workers working diagnoses are advanced respiratory insufficiency secondary to diacetyl exposure at work; morbid obesity; sleep apnea disorder; and gout. Date of injury is November 12, 2010. Request for authorization is September 3, 2015. According to an August 19, 2015 pulmonary consultation reevaluation, the injured worker is followed for a diacetyl exposure with interstitial lung disease. Symptoms include shortness of breath with exertion. The injured worker is morbidly obese and requires a weight loss program. Medications include inhalers both steroid containing and not containing. The injured worker had a recent echocardiogram to measure pulmonary artery pressure. The documentation indicates pulmonary artery pressure was not able to be measured. Objectively, blood pressure was 130/80 with a respiratory rate of 18 (normal). Weight is 370 pounds. Lung examination showed decreased breath sounds. There were no adventitious sounds noted. On 2 L of oxygen pulse oxygen saturations were 95%. Pulmonary function testing was within normal limits (conclusion in the record). An arterial blood gas showed 7.40/47/73 on room air. A sleep study was performed that showed obstructive sleep apnea and CPAP was prescribed. The treating provider is requesting a Lindy Walker study but does not provide a clinical rationale for the study based on the physical examination, pulse oxygen saturations, pulmonary function testing within normal limits and an acceptable arterial blood gas on room air. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and unremarkable physical examination, normal respiratory rate, and acceptable pulse oxygen saturation on 2 L, and an acceptable arterial blood gas on room air, Lindy Walker study (oxygen study) #1 is not medically necessary.