

Case Number:	CM15-0193462		
Date Assigned:	10/07/2015	Date of Injury:	11/12/2010
Decision Date:	11/18/2015	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 39 year old male, who sustained an industrial injury on November 12, 2010. The injured worker was diagnosed as having advanced respiratory insufficiency secondary to exposure to Diacetyl at work, morbid obesity, gout, and sleep apnea disorder. Treatment and diagnostic studies to date has included a stress echocardiogram, medication regimen, spirometric lung function testing, arterial blood gases, laboratory studies, and sleep study. In a progress note dated August 19, 2015 the treating physician reports complaints of shortness of breath along with difficulty with exertion and energy. Examination performed on August 19, 2015 was revealing for a morbidly obese male in no acute distress, a respiratory rate of 18 per minute that was unlabored, diminished breath sounds, a plus one edema to the lower extremities, and a pulse oximetry of 95% at rest with 2 liters of supplemental oxygen. On August 19, 2015 the injured worker's medication regimen included Advair inhaler, Spiriva inhaler, Mucinex, Zylprim, and Prilosec. The progress note from August 19, 2015 included arterial blood gases performed on room air from July 14, 2015 that was revealing for an arterial partial pressure (tension) of carbon dioxide of 47mm Hg and an arterial partial pressure of oxygen of 73mm Hg; a stress echocardiogram performed on August 13, 2015 that was noted to be normal; a sleep study performed on July 17, 2015 that was revealing for obstructive sleep apnea syndrome unresolved; spirometric lumbar function testing performed on August 19, 2015 that was revealing for 73% predicted FVC (forced vital capacity); and a Beta Type Natriuretic Peptide (BNP) that was negative. On August 19, 2015 the treating physician requested supplemental oxygen. On September 11, 2015, the Utilization Review determined the request for supplemental oxygen to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplemental oxygen: 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 Official Disability Guidelines, supplemental oxygen is not medically necessary. Interstitial lung disease extends more than 100 diseases. Aetna considers oxygen for home use medically necessary durable medical equipment (DME) in the following circumstances: 1. Diagnosis of severe lung disease and qualifying lab values: Bronchiectasis: Chronic obstructive pulmonary disease (COPD) (Cystic fibrosis). Diffuse interstitial lung disease. 2. Resting PaO₂ less than or equal to 55 mm Hg or oxygen saturation less than or equal to 88 %. 3. Resting PaO₂ of 56 to 59 mm Hg or oxygen saturation of 89 % in the presence of any of the following: Dependent edema suggesting congestive heart failure. Erythrocythemia (hematocrit greater than 56 %). P pulmonale on the electrocardiogram (P wave greater than 3 mm in standard leads II, III, or aVF). Resting PaO₂ greater than 59 mm Hg or oxygen saturation greater than 89 % only with additional documentation justifying the oxygen prescription and a summary of more conservative therapy that has failed. 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 supplemental oxygen but does not provide a clinical rationale based on the physical examination, pulse oxygen saturations, pulmonary function testing within normal limits and an acceptable arterial blood gas on room air. The injured worker's laboratory values do not meet the qualifying laboratory values set out by the Aetna clinical policy bulletin. Supplemental oxygen is not clinically indicated. 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, and non-qualifying lab values according to the Aetna clinical policy bulletin, supplemental oxygen is not medically necessary.