

Case Number:	CM15-0030905		
Date Assigned:	02/24/2015	Date of Injury:	02/29/1996
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/18/2015

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 68 year old female, who sustained an industrial injury on 2/29/96. The injured worker continues to have problems with breathing and shortness of breath. The documentation on 10/23/14, noted that she was doing pulmonary rehab two days a week and was using Tudorza and Proair inhalers. The documentation noted that she does snore and has apnea spells and uses oxygen at 2 litres/minute. The documentation noted that at times she gets chest pain related to spasms of her chest muscles and at those times she has shortness of breath. Oxygen saturations was documented at 92%. Lungs were abnormal breath sounds/voice sounds; a decrease in breath sounds was heard in the right lung; no wheezing was heard; no rhonchi were heard; no rales/crackles were heard and no pleural friction was heard. The diagnoses have included paroxysmal atrial fibrillation; thoracic outlet syndrome; chronic obstructive pulmonary disease; diaphragmatic paralysis and restrictive lung disease. According to the utilization review performed on 1/13/15, the requested (Retro) Pulmonary Rehab x 12 weeks has been non-certified. The utilization review documentation noted that the injured worker had had underwent 6 weeks of certified pulmonary rehab on 7/9/14 and there was no documentation of objective improvement. Official Disability Guidelines Pulmonary (updated 7/29/14) was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Pulmonary Rehab x 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pulmonary.

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, Pulmonary rehabilitation and Other Medical Treatment Guidelines http://www.aetna.com/cpb/medical/data/1_99/0032.html.

Decision rationale: Pursuant to the Official Disability Guidelines, pulmonary rehabilitation program times 12 weeks is not medically necessary. Three weeks pulmonary rehabilitation of patients with COPD was effective in improving exercise endurance and the quality of life. Generally, programs of at least six weeks duration are recommended. Programs lasting 6 to 12 weeks produce benefits that decline gradually over 12 to 18 months although long-duration programs produced sustained benefits. The Aetna Policy for Pulmonary Rehabilitation states repeat pulmonary rehabilitation programs are not medically necessary. In this case, the injured worker's working diagnoses are paroxysmal atrial fibrillation; thoracic outlet syndrome; chronic obstructive pulmonary disease; diaphragmatic paralysis; restrictive lung disease; thoracic stomach; cervicalgia; chronic pain; muscle spasm; and obstructive sleep apnea. The documentation shows the injured worker was receiving pulmonary rehab two days a week. This is documented in October 23, 2014 progress note. The administrative record (according to the utilization review) states the injured worker underwent six weeks of certified pulmonary rehabilitation on July 9, 2014. This physician documentation was not contained in the medical record. However, there were no medical records that contain objective functional improvement as a result of the completed six weeks pulmonary rehabilitation. Consequently, absent clinical documentation with objective functional improvement as a result of six weeks completed pulmonary rehabilitation, pulmonary rehabilitation program times 12 weeks is not medically necessary.