

Case Number:	CM15-0033041		
Date Assigned:	02/26/2015	Date of Injury:	08/21/2012
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: North Carolina, Georgia
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:

The injured worker is a 32 year old male, who sustained an industrial injury on 8/21/12. He has reported inhaled chemical exposure. The diagnoses have included chemical exposure bronchitis and bronchial asthma. Treatment to date has included inhaled medications. Chest x-ray performed on 6/21/14 revealed tiny granulomatous calcification in right upper lung field and clear lungs. Currently, the injured worker complains of respiratory difficulty at times. Physical exam noted no respiratory distress, normal respiratory effort and no wheezes. On 2/3/15 Utilization Review non-certified air purifier. The MTUS, ACOEM Guidelines and ODG were cited. On 2/16/15, the injured worker submitted an application for IMR for review of an air purifier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Air Purifier: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and Blue Cross of California.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Allergen avoidance in the treatment of asthma and allergic rhinitis. Thomas A E Platts-Mills, MD, PhD, Up To Date, Last updated 1/16/2014.

Decision rationale: CA MTUS and ODG are silent on the use of air purifiers. Up To Date describes that air purifiers are indicated for management of asthma and allergy symptoms when there has been documentation of allergic response documented with skin testing or serum IGE testing. These purifiers may be either a room air cleaner with a HEPA filter or a whole house filtration with disposable HEPA filters. In this case, there is documentation of occupational reactive airway disease but no documentation of any allergic component of this reactive airway disease. An air purifier is not medically necessary.