

Case Number:	CM15-0037422		
Date Assigned:	03/05/2015	Date of Injury:	04/06/2013
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female, who sustained an industrial injury on 4/6/13. She has reported knee and shoulder injuries. The diagnoses have included left rotator cuff tear. Treatment to date has included medications, surgery and physical therapy. Surgery included left shoulder arthroscopy. Currently, the injured worker complains of left shoulder and left knee pain rated 3/10 on pain scale. Medications included Prilosec and Ibuprofen. Magnetic Resonance Angiography (MRA) of the left shoulder dated 8/16/13 revealed tear of the tendon, advanced tendinosis, and joint arthropathy. Physical assessment of left shoulder revealed rotator cuff tear without any other physical findings noted. As cited by the utilization review the injured worker was using the incentive spirometry prior to surgery, however there was no details of any co morbid conditions noted. On 1/29/15 Utilization Review non-certified a request for Incentive spirometer, noting the citation Rupp, Michael, Helen Miley, and Kathleen Russell-Babin "Incentive Spirometry in Postoperative Abdominal/Surgery Patients" AACN advanced critical care 24.3 (2013): 255-263 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Incentive spirometer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rupp, Michael, Helen Miley, and Kathleen Russell-Babin "Incentive Spirometry in Postoperative Abdominal/rSurgery Patients" AACN advanced critical care 24.3 (2013): 255-263.

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/400_499/0479.html, Clinical Policy Bulletin: Respiratory Devices: Incentive Spirometers and Intermittent Positive Pressure Breathing Machines, Number: 0479.

Decision rationale: The patient has a date of injury of 04/06/13 and presents with left knee and shoulder pain. The current request is for an INCENTIVE SPIROMETER. The MTUS, ACOEM and ODG guidelines do not discuss Incentive Spirometers. Aetna Clinical Policy Bulletin: Respiratory Devices: Incentive Spirometers and Intermittent Positive Pressure Breathing Machines Number: 0479 has the following regarding Incentive Spirometers "Aetna considers incentive spirometers as medically necessary durable medical equipment (DME) for post-operative use for members with neuromuscular or chest wall diseases. Aetna considers incentive spirometers experimental and investigational for all other indications (e.g., pre-operative use of incentive spirometer to prevent post-operative decrease in lung function following bariatric surgery, prevention of atelectasis following upper-abdominal surgery or after coronary artery bypass graft surgery) because its effectiveness for indications other than the ones listed above has not been established." The medical reports do not discuss this request. In this case, there is no expressed concern of neuromuscular or chest wall diseases to warrant the use of such device. Aetna considers incentive spirometers as medically necessary for post-operative use for patients with neuromuscular or chest wall diseases and considers incentive spirometers experimental and investigational for all other indications. This request IS NOT medically necessary.