MAXIMUS Federal Services

Case Number:	CM15-0044999		
Date Assigned:	03/16/2015	Date of Injury:	11/06/2007
Decision Date:	10/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Emergency 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:

This 42-year-old man sustained an industrial injury on 11-6-2007. The mechanism of injury is not detailed. Diagnoses include hypersensitivity lung disease, HCD (unknown acronym), obstructive sleep apnea, and bilateral knee sprain-strain. Treatment has included oral medications, bilevel positive airway pressure machine with full-face mask, and use of interferential unit. Physician notes dated 1-8-2015 show complaints of low back, neck and bilateral knee pain with radiation into the legs. Details of the physical assessment are unclear. Recommendations include refilling medications including Soma, Atenolol, Ambien, Vicodin, and follow up in three months. A prescription and order dated 1-21-2015 is written for follow up every three months with a respiratory therapist on a one to one basis. Further, a request for machine maintenance is made on 2-13-2015 including a full-face mask, tubing, headgear, filters, and water chamber every three months times four, and 12-month rental of bi-pap machine and humidifier. The request was denied at Utilization Review as it was stated that a water chamber is only replaced every year or, on occasion, every six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water chamber replacement every 3 months x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 8/11/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC31582/.

Decision rationale: The requested Water chamber replacement every 3 months x4 is not medically necessary. CA MTUS and ODG are silent on this specific clinical issue. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC31582/ recommend water chamber changing every 6-12 months. The injured worker has hypersensitivity lung disease, HCD (unknown acronym), obstructive sleep apnea, and bilateral knee sprain-strain. Treatment has included oral medications, bilevel positive airway pressure machine with full-face mask, and use of interferential unit. Physician notes dated 1-8-2015 show complaints of low back, neck and bilateral knee pain with radiation into the legs. Details of the physical assessment are unclear. Recommendations include refilling medications including Soma, Atenolol, Ambien, Vicodin, and follow up in three months. A prescription and order dated 1-21-2015 is written for follow up every three months with a respiratory therapist on a one to one basis. Further, a request for machine maintenance is made on 2-13-2015 including a full-face mask, tubing, headgear, filters, and water chamber every three months times four, and 12-month rental of bi-pap machine and humidifier. The treating physician has not documented the medical necessity for this frequency of water chamber changing. The criteria noted above not having been met, Water chamber replacement every 3 months x4 is not medically necessary.