

Case Number:	CM15-0243493		
Date Assigned:	12/23/2015	Date of Injury:	01/11/2010
Decision Date:	01/25/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/14/2015

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
 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 was a 61 year old female, who sustained an industrial injury on January 11, 2010. The injured worker was undergoing treatment for industrial airway disease. According to progress note of November 12, 2015, the injured worker's chief complaint was cough with mucus, dyspnea, wheezing and sensitivity to strong odors. The physical exam noted weight loss, shortness of breath, fatigue and depression. The injured worker previously received the following treatments Ibuprofen, Albuterol, Genteel, Systane, Naphcon, Ambien, Protonix, Mobic Symbicort, Norco, Losartan, Ativan and pulmonary function testing. The UR (utilization review board) denied certification on November 25, 2015 for a room air filter and cleaner for nightly use.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Room Air Filter/Cleaner for Nightly Use: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore the request is not medically necessary.