

<b>Case Number:</b>	CM14-0113624		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 72-year-old female with a 6/6/2003 date of injury. The mechanism of injury involved inhalation of metallic dust silica glass shards over a prolonged period of time. The patient was most recently seen on 7/2/2014 with complaints of neck pain, with no specific lung complaints noted. Exam findings revealed respiratory rate of 10 and oxygen saturation of 98%. In the prior clinic visit on 4/3/2014, the patient denied dyspnea and wheezing and her respirations were equal and unlabored. Periodic hemoptysis has been documented since 2012. Documents indicate that the patient has no history of bronchoscopy in addition to no recent pulmonary function test. A pulmonary brushing with lavage was requested for the patient's hemoptysis. Patient has diagnoses of chronic obstructive pulmonary disease, occupational asthma, bloody hemoptysis, chronic bronchitis, chronic airway obstruction, and history of myocardial infarction. Significant Diagnostic Tests: 1. Chest X-ray on 2/19/2014 radiology report: revealed mild increased opacity at both lung bases, which could be due to infiltrates, especially given the history. Treatment to date: medications An adverse determination was received on 7/8/2014 for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary Brushing with Lavage:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8222822>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Family Physicians, 2005 October; 72(7):1253-60. Bidwell JL, Pachner RW.

**Decision rationale:** CA MTUS and ODG do not address this specific issue. There is no evidence that a complete workup for hemoptysis has been done in this patient. Per the American Academy of Physicians, this would include a focused physical exam, chest X-ray, TB test, and computerized tomography scan, in order to rule out the possible causes of hemoptysis such as infection (i.e. tuberculosis since patients with silicosis are susceptible to infections such as tuberculosis), cancer, pulmonary venous hypertension, and idiopathic causes of hemoptysis. The patient had a recent respiratory exam, which was clear to auscultation, and no pertinent exam findings were noted. Her hemoptysis was mentioned in 2012 but the degree and frequency of hemoptysis was not clearly described. In addition, the patient had a CXR, revealing bilateral opacities, however, this is a non-specific pulmonary finding and was done in February of this year. There was no follow up CXR or CT to further work up the CXR findings. It is thus unclear what the rationale is for performing pulmonary lavage with brushing at this time. Therefore, the request for pulmonary brushing with lavage was not medically necessary.