

Case Number:	CM14-0160660		
Date Assigned:	10/06/2014	Date of Injury:	10/07/1993
Decision Date:	10/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 patient with a date of injury of October 7, 1993. A utilization review determination dated September 24, 2014 recommends noncertification for a HEPA filter kit. Noncertification was recommended since the patient continues to have consistent drainage and other allergy related symptoms despite the use of a HEPA filter previously. A progress report dated August 28, 2014 identifies subjective complaints of watery eyes with tearing on the left, vertigo, cough, throat congestion around dust in attorney's office library, occasional wheezing. Objective findings reveal clean lungs with peak flow of 500. Diagnoses include asthma, allergic rhinitis, and gout. The treatment plan recommends continuing asthma medication, allergy medication, and immunotherapy. A progress report dated August 28, 2014 which is handwritten recommends a blue air filter kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Packs of Blueair Hepa Filter Kit (500/600 series): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter

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: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2824428/> HEPA filters for HVAC systems require bypass systems whereby up to 80% of the air intake does not pass through the filter because of high airflow resistance. Furnace HEPAs are highly efficient in closed systems, such as clean rooms. Their effectiveness in open residential settings does not reach that level, and because of the expense diffe

Decision rationale: Regarding the request for a 3 pack of HEPA filters, California MTUS and ACOEM do not contain criteria for this request. ODG also does not contain criteria for this request. An article published in the Journal of allergy and clinical immunology dated January 2010 states that HEPA filters effectiveness in open residential settings are not highly efficient and because of the expense they are generally not cost effective. Additionally, there is no documentation indicating how the patient symptoms have changed since the HEPA filtration was initiated. In the absence of clarity regarding those issues, the currently requested HEPA filters are not medically necessary.