

Case Number:	CM14-0162833		
Date Assigned:	10/08/2014	Date of Injury:	03/29/2014
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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 Texas and Oklahoma. 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:

The injured worker is a 43-year-old female who reported an injury on 03/29/2014. The mechanism of injury was not provided. On 08/12/2014, the injured worker presented with difficulty breathing. Upon examination, the injured worker had a pulse oximeter reading of 99% on room air. There was jugular venous distention and the lungs were clear to auscultation. The heart was regular rate and rhythm. There were no signs of clubbing, cyanosis, or edema. The diagnoses were status post chemical exposure, symptomatic, including congestion and substernal burning including bronchitis and esophagitis. Prior therapy was not noted. The provider recommended a pulmonary physical therapy visit. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Physical Therapy Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Physical Therapy.

Decision rationale: The request for Pulmonary Physical Therapy Visit is not medically necessary. The Official Disability Guidelines recommend pulmonary physical therapy. The recommendation is for injured workers with COPD for a minimum of 6 weeks to 12 weeks. Supplemental oxygen should be used in all injured workers who demonstrate hypoxemia, either at rest or during exercise. Supplemental oxygen used while exercising in a pulmonary rehabilitation program may also be beneficial in nonhypoxemic injured workers. Program lasting more than 12 weeks has been associated with more prolonged benefits. There is a lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for physical therapy, which would be COPD, for a minimum of 6 weeks to 12 weeks. As such, medical necessity has not been established. The request for Pulmonary Physical Therapy Visit is not medically necessary.