MAXIMUS Federal Services

Case Number:	CM15-0114770		
Date Assigned:	07/01/2015	Date of Injury:	12/02/1997
Decision Date:	07/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 70-year-old male who sustained an industrial injury on 12/2/97. The mechanism of injury is unclear. He currently complains of worsening shortness of breath and was seen in the emergency department. His respirations were 20's-30's. He was given nebulizer treatment, steroids, laboratory evaluations that were unremarkable; his point of care B-type Natriuretic Peptide level was 20 and chest x-ray showed mild pulmonary vascular congestion and questionable small right pleural effusion. On physical exam, he had mildly labored respirations, some inspiratory wheeze, greater in the bases. Medications are Advair Diskus, Prednisone, gabapentin, oxybutynin, tamsulosin, levothyroxine, lovastatin. Diagnoses include chronic obstructive pulmonary disease; stroke, complications after being run over by a vehicle in 1997; sleep apnea. Treatments to date include medications; pulmonary evaluation. On 5/11/15, the treating provider requested pulmonary rehabilitation twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary rehabilitation 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pulmonary rehabilitation 2 times a week for 6 weeks is not medically necessary as written per the ODG. The MTUS does not address this issue. The ODG states that pulmonary rehabilitation program is recommended. The ODG states that three weeks pulmonary rehabilitation program of patients with COPD was effective in improving exercise endurance and the quality of life. The request for 6 weeks exceeds the recommended three weeks per the ODG therefore this request is not medically necessary as written.