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| Case Number: | CM15-0077835 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 06/01/2009 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: Internal Medicine, Rheumatology

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 (IW) is a 65 year old female who sustained an industrial injury on 06/01/2009. She reported lung disease believed to be aggravated by her exposures at work. The injured worker was diagnosed as having chronic bronchitis aggravated by environmental pollutants on the job with the industrial diagnosis of Hypoxia, and DVT. She has a non-industrial diagnosis of Bronchitis, history of cellulitis in her legs since 1980, persistent cough for many years, pulmonary hypertension, and a hemidiaphragm. Treatment to date has included continuous home oxygen at three liters per minute, inhalers, and oral medications including anticoagulant therapy. Currently, the injured worker has been stable without worsening shortness of breath, chest pain, cough, wheezing of sputum production. She lives alone but with 4 hours/week of in-home support/assistance. The treatment plan is to continue with medication management including daily warfarin, and continue with home assistance. Requests for authorization were made for the following: 1 Physical therapy consultation/treatment; 1 Occupational Therapy consultation/treatment; 1 Personal alert system; Unknown home assistance/attendant care; and 1 Oxygen treatment at 6L flow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Physical therapy consultation/treatment: 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), Pulmonary (Acute & Chronic), Physical Therapy Guidelines.

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

Decision rationale: This 65 year old female has complained of cough and shortness of breath since date of injury 6/1/09. She has been treated with home oxygen and medications. The current request is for 1 physical therapy consultation/treatment. Per the ODG guidelines cited above, for patients with COPD, physical therapy is recommended for 6-12 weeks. On the basis of the available medical records and per the ODG guidelines cited above, 1 physical therapy consultation/treatment is not medically necessary.

1 Occupational Therapy consultation/treatment: 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), Pulmonary (Acute & Chronic), Occupational Therapy.

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

Decision rationale: This 65 year old female has complained of cough and shortness of breath since date of injury 6/1/09. She has been treated with home oxygen and medications. The current request is for 1 occupational therapy consultation / treatment. Per the ODG guidelines cited above, for patients with COPD, physical therapy is recommended for 6-12 weeks. On the basis of the available medical records and per the ODG guidelines cited above, 1 occupational therapy consultation/treatment is not medically necessary.