

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	11/27/190
IMR Application Received:	8/25/2013
MAXIMUS Case Number:	CM13-0016096

- 1) MAXIMUS Federal Services, Inc. has determined the request for **small air purifier for bedroom and a new purifier filter is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/25/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **small air purifier for bedroom and a new purifier filter is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 61 year old female with date of injury of November 27, 1990. Objective testing for diagnosing asthma and allergic rhinitis is not included in the available medical records. The available medical records show treatment with an intermittent antihistamine and inhaler (ProAir). Examination revealed swollen mucous membranes (no specification on location) and a clear lung examination. Diagnoses included unspecified allergies and asthma.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for small air purifier for bedroom and a new purifier filter:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the following article: Sublett J, Seltzer J, Burkhead R, et al. Air filters and air cleaners: Rostrum by the American Academy of Allergy, Asthma & Immunology Indoor Allergen Committee, found at

[www.ncbi.nlm.nih.gov/pmc/articles/PMC2824428](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2824428), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the following articles: NgML, Warlow RS et al. Preliminary criteria for the definition of allergic rhinitis: a systematic evaluation of clinical parameters. Clin Exp Allergy:30:1314, and the National Asthma Education and Prevention Program: Expert panel report: Guidelines for a diagnosis and management of asthma. Bethesda, MD: National Heart, Lung and Blood Institute, 2007 (NIH publication no 08-4051).

Rationale for the Decision:

This employee has been followed by the primary provider for diagnoses of unspecified allergies and asthma. In the medical records submitted for review, there is no documentation of the employee's complaints or symptoms. The available medical records do not include documentation of clinical manifestations of allergies or asthma to include subjective symptoms, physical examination findings or objective testing, including skin testing for allergens and pulmonary spirometry. The MTUS guidelines do not address diagnosis and treatment of asthma or unspecified allergies. Per the specific alternative reference cited above, the diagnosis of allergies is made by characteristic clinical manifestations (sneezing, rhinorrhea, nasal obstruction and congestion, nasal pruritis, post nasal drip and cough) and physical exam findings (swollen nasal turbinates, cobblestoning of pharyngeal mucosa), none of which are documented in the available provider notes. Per the specific alternative reference cited above, the diagnosis of asthma is confirmed by demonstration of a variable expiratory airflow limitation on spirometry and exclusion of alternative diagnoses, neither of which is documented in the available provider notes. Based on these findings, an air purifier and new filter for an existing air purifier cannot be considered medically necessary for diagnoses that have not been substantiated. Furthermore, there are no medical references stating that air purifiers are necessary for the standard treatment of asthma and allergies. **The request for a small air purifier for the bedroom and a new purifier filter is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.