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**DATE OF REVIEW:** SEPTEMBER 14, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Vest Airway Clearance System

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board certified in Internal Medicine, licensed in the State of Texas.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Vest Airway Clearance System	E0483	Upon approval	Adverse determination upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Record Description	Record Date
Clinical History Letter –MD	02/20/05
Office Visit –Center	07/06/06
Clinical History Letter -MD	08/10/06
Clinical History Letter –MD	10/13/06
Prescription for Vest with supporting documentation – MD	01/03/07
Statement of Medical Necessity for Vest Airway Clearance System –MD	01/11/07
Clinical History Letter – MD	06/26/07
Letter of request for authorization for the Vest Airway Clearance System –	06/26/07
Product information and pricing information -	06/27/07
Utilization Review adverse decision on Vest Airway Clearance	07/06/07

System –	
Appeal letter for Vest Airway Clearance System –	07/16/07
Utilization review request –Preauthorization flow sheet	07/24/07
Utilization Review appeal –	07/26/07
Utilization Review appeal of adverse decision on Vest Airway Clearance System –	07/31/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a old male who was noted to have asthma and advanced COPD diagnosed after recurrent exacerbations of chronic bronchitis. The patient had also had coronary bypass surgery. The patient was evaluated by Dr. He noted that the patient had severe asthma and not COPD (chronic obstructive pulmonary disease). A letter from the claimant is noted 7/16/07 and states that the he was diagnosed with severe occupational asthma and COPD by Dr. and that this was confirmed by Dr. It states that the injury to his lungs was caused by breathing ultraviolet misting ink. It also states that he has bronchopulmonary aspergillosis. He states that the vest helps to loosen the mucous in his lungs, improves his shortness of breath and has decreased the amount of antibiotics he has had to take.

Apparently the patient was diagnosed with occupational asthma and has not returned to work since exposure. The Vest Airway Clearance System had been prescribed for claimant by Dr. His letter of January 11, 2007 states that the patient suffered from asthma and advanced COPD diagnosed after recurrent exacerbations of chronic bronchitis caused by exposure at his place of employment at a chemical plant and a history of bypass surgery. It is stated in this letter that the claimant's thick tenacious secretions are becoming increasingly difficult to expectorate.

Dr. saw the patient and diagnosed him with occupational asthma. This is in spite of the fact that the patient was diagnosed as having allergic bronchopulmonary aspergillosis and then steroid induced diabetes. The notes also say he may now have avascular necrosis of the femoral head. The patient has severe asthma and has to use an inhaler 3 to 4 times per day and that he wakes up in the middle of the night with coughing. The subsequent note indicates that the patient was seen July 6, 2006. At that time he was being seen for follow up of his aspergillosis bronchopulmonary asthma. In this note the patient was also documented to have had coronary artery disease, status post CABG in 2000, new onset atrial fibrillation April 2004, type II diabetes, hypertension, elevated cholesterol, and occupational asthma. The pulmonary doctor indicates that the claimant is on chronic steroids in part due to his occupational asthma. A note from 10/13/06 indicates that the patient could only have gotten bronchopulmonary aspergillosis from having asthma to begin with from his occupational exposure. The patient requires Actonel to prevent bone loss. Of interest, the evaluation of this patient by Dr. is not provided so it is not possible to tell what exposure was of concern and blamed for the development of occupational asthma.

The use of some paints and chemicals can cause occupational asthma but most of these resolve once the exposure stops. This patient did not return to work once his symptoms of asthma were noted.

The development of bronchopulmonary aspergillosis is usually related to a genetic predisposition to allergens of Aspergilla. Although this is usually in the context of chronic asthma, it is in part due to the patient's own genetic make up.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

In summary, asthma symptoms due to work related exposure should resolve once the patient leaves the work environment. Asthma and bronchopulmonary aspergillosis would both be

considered an ordinary disease of life and even though the vest may help with chronic bronchitis it would not be helpful or medically necessary for any work related condition based on the materials provided and the literature reviewed. Concur with denial.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ODG guidelines do not address the condition and therefore a secondary source was utilized.

References: Sullivan, Krieger:

Clinical Environmental health and toxic exposures, 2<sup>nd</sup> ed

P218-219 clinical approach to suspected Toxicant-Induced asthma.

Medical toxicology, 3<sup>rd</sup> edition 2004

Cecil textbook of Medicine, 22<sup>nd</sup> edition.