

Case Number:	CM14-0143790		
Date Assigned:	09/12/2014	Date of Injury:	01/02/2013
Decision Date:	10/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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 Management 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 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 patient is a 47 years old female with an injury date on 01/02/2013. Based on the 03/20/2013 progress report provided by [REDACTED], the diagnoses are: 1.Acromioclavicular DJD with impingement right shoulder.2.Severe DJD left knee.According to this report, the patient complains of right shoulder pain and left knee pain. The patient has antalgic gait and limp on the left knee. Physical exam of the knee reveals tenderness over the medial joint line and patellofemoral joint. Genu varum to the knee is noted. Pain is noted in the Mc Murry, grind test and Apley test. Shoulder exam reveals tenderness and prominent osteophytes at the AC joint. Neers impingement test, Hawkins test were positive. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/04/2013 to 03/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pulmonary Updated 7/29/14.

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

Decision rationale: According to the 03/20/2013 report by [REDACTED] this patient presents with right shoulder pain and left knee pain. The treater is requesting chest X-ray but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/20/13 and the utilization review letter in question is from 08/19/2014. Regarding chest X ray, ODG states "Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006)." Review of the reports from 01/04/2013 to 03/20/2013 do not shows the patient present with chronic cardiopulmonary disease or has symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. In this case, the requested chest X-ray is not medically necessary. Recommendation is for denial.