

Case Number:	CM13-0012206		
Date Assigned:	09/25/2013	Date of Injury:	11/28/2005
Decision Date:	02/04/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; a 24% whole-person impairment rating; a functional capacity evaluation; the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work as a warehouse worker with said permanent work restrictions in place. It appears that the applicant has also alleged development of a derivative obstructive sleep apnea and was, at one point, given a CPAP machine. A handwritten progress note of June 5, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant has an antalgic gait, carries a diagnosis of meniscal tear, and reports persistent knee pain. Medications, including Tylenol No. 4, and Soma are refilled. In a utilization review report, it is suggested that the claimant does have a history of coronary artery disease status post myocardial infarction and status post stenting. The claimant is apparently complaining of numbness and tingling about the left shoulder and left arm. The claimant denies any overt dyspnea or chest pain, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray (2 views) front and lateral: Overturned

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 ACR, Appropriateness Criteria found at <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/AcuteNonspecificChestPainLowProbabilityCoronaryArteryDisease.pdf>; from the American College of Radiology.

Decision rationale: The MTUS does not address the topic. As noted by the American College of Radiology (ACR), the chest x-ray is initially recommended imaging study in individuals with chest pain with a low risk of acute coronary syndrome. Chest radiographs can help identify potential sources of previously undifferentiated chest pain such as pneumothorax, pneumomediastinum, fractured ribs, malignancies, infections, etc. In this case, the applicant's low-grade symptoms of left arm numbness and tingling have an unlikely probability of representing an acute coronary syndrome or function of coronary artery disease. Nevertheless, the applicant's low-grade complaints of numbness and tingling about the left arm do warrant further investigation via conventional chest radiograph, as suggested by the American College of Radiology (ACR). The request is certified, on independent medical review.