

Case Number:	CM13-0015974		
Date Assigned:	01/03/2014	Date of Injury:	07/07/2009
Decision Date:	03/26/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 48-year-old female who reported an injury on 07/07/2009 due to a motor vehicle accident. The patient reportedly sustained closed head trauma with post-traumatic head syndrome and cognitive disorder. The patient's treatment history included extensive physical therapy and psychological support with cognitive behavioral therapy. The patient's most recent clinical evaluation indicated that the patient had regular heart rhythm, clear chest sounds, decreased range of motion of the right shoulder, dilated left pupil, drooping of the right eyelid, and significant right-sided weakness. The patient's diagnoses included cerebral contusion, dizziness, right-sided weakness, and status post repair of the rotator cuff. The patient's treatment recommendations included multiple laboratory tests, MRI of the brain, and a chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray: 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), Head Procedure Summary.

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

Decision rationale: The requested chest x-ray is not medically necessary or appropriate. Official Disability Guidelines do not recommend routine chest x-rays in asymptomatic patients with unremarkable history and physical. Official Disability Guidelines state chest x-rays are typically ordered for patients who have symptoms such as shortness of breath, persistent or bad cough, chest pain, trauma, or fever. The clinical documentation submitted for review does not indicate the patient has any pulmonary involvement. It is documented the patient has clear chest sounds, a regular heart rhythm, and no complaints of cough or exudate. As this patient appears to be asymptomatic, the need for a chest x-ray is not clearly established. As such, the requested chest x-ray is not medically necessary or appropriate.