

Case Number:	CM13-0043051		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2005
Decision Date:	02/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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, 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 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 injured worker is a 63-year-old with a date of injury on November 28, 2005. The worker had right knee surgery in 2011. Treatments to date include medication management and psychotherapy. The disputed issue is a request for a chest x-ray. Utilization review determination on October 8, 2013 noncertified this request because there was no accompanying notes to indicate the need for chest x-ray. The reviewer noted that the long and hard examination was unremarkable and the patient has had a normal electrocardiogram. This was documented in a note on date of service July 5, 2013.

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 frontal and lateral: Upheld

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 Official Disability Guidelines (ODG).

Decision rationale: With regard to the request for chest x-ray, the California Medical Treatment and Utilization Schedule and ACOEM do not provide specific guidelines on this request. Rather the Official Disability Guidelines Pulmonary (Acute & Chronic) state the following:

"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." Within the submitted documentation, there is no clear indication as to why a chest x-ray was ordered. The majority of the submitted notes described orthopedic complaints only. There is a note dated October 23, 2012 which is a cognitive sleep assessment report. However the treatment plan of this note does not request a chest x-ray. Given the lack of documented medical necessity, the request for chest x-ray is recommended for non-certification.