

<b>Case Number:</b>	CM13-0061971		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 6/17/13 after slipping and falling, hitting his face. He later complained of neck, left arm, and chest pain. He was diagnosed with contusion of left elbow and left shoulder as well as cervical strain after being seen by his treating physician on 6/20/13 who gave him an NSAID, an elbow support and then he sent him back to work after evaluating him of his injuries. No mention of a chest or pulmonay symptoms were found in the notes previous to the request, nor any discussion of the reasoning for the CT scan request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CT SCAN OF THE CHEST:** 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) Pulmonary section, CT AND X-Ray.

**Decision rationale:** The MTUS is silent in regards to imaging studies to evaluate chest pain from an injury. The ODG states that CT scans may be recommended when trying to identify pulmonary findings such as infection or tumors. X-rays of the chest is typically the first imaging

choice for symptoms of shortness of breath, bad cough, chest pain or injury, and fever. In the case of this worker, there was no documented symptoms or physical findings (prior to the request) seen in the documents provided that would warrant a CT scan, therefore the chest CT scan is not medically necessary.