

Case Number:	CM14-0172665		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2000
Decision Date:	12/31/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain with ancillary complaints of shortness of breath reportedly associated with an industrial injury of October 30, 2014. In a utilization review report dated September 30, 2014, the claims administrator denied a request for a chest x-ray, stating that the rationale for the chest x-ray was currently unclear. ACOEM Chapter 2 was cited at the bottom of the report but was not incorporated into the rationale. The claims administrator stated that its denial was based on a September 24, 2014, RFA form and undated prescription. Several sections of the file, it is incidentally noted, alluded to other dates of injury, including a September 10, 2012, office visit which suggested that the date of injury was January 20, 2000. It was stated that the applicant was not working, had ongoing complaints of bilateral shoulder pain and neck pain radiating to the arms. The applicant had undergone a right shoulder surgery and multiple cervical spine surgeries, it was stated. The applicant was placed off work, on total temporary disability. Norco and a urine drug screen were apparently sought, along with a shoulder subacromial decompression procedure. In a March 23, 2013, office visit, the applicant reported ongoing complaints of shoulder pain status post earlier outpatient shoulder surgery. The applicant was reportedly wheezing. The applicant had a history of asthma. The applicant's BMI was 34. Wheezing was appreciated on auscultation, it was noted on this occasion. In a medical-legal evaluation dated April 4, 2014, it was stated that the applicant was not working, was receiving Workers' Compensation Indemnity benefits, and had been denied Social Security Disability Insurance (SSDI). The applicant had developed issues with chronic obstructive pulmonary disease (COPD), it was noted, reportedly attributed to her failed shoulder surgery. The applicant's smoking history was not detailed. In a September 12, 2014, order form, authorization was sought for a chest x-ray. The applicant had a respiratory rate of 14, it was stated.

Unspecified laboratory testing, an EKG, pulmonary function testing, and a chest x-ray were endorsed. The applicant reportedly exhibited "normal" findings on exam. The note was handwritten, sparse, and difficult to follow. In a narrative progress note on September 12, 2014, handwritten, difficult to follow, it was acknowledged that the applicant was no longer working as a clerk at [REDACTED]. The applicant's history of difficulty breathing following earlier shoulder surgery in 2013 was recounted. It was suggested that the applicant was using albuterol for asthma versus COPD.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameter for the Performance of Chest Radiography.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) notes that the indications for chest radiography include evaluation of the respiratory, cardiovascular, upper GI symptoms, and/or musculoskeletal system of the thorax, followup of known thoracic disease processes, monitoring of applicants with life support devices, surveillance of active disease processes such as tuberculosis, occupational lung diseases, etc., in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's progress note was sparse, handwritten, difficult to follow, and not entirely legible. While the applicant did have a history of COPD versus asthma, there was no mention of the applicant experiencing any flare in COPD and/or asthma on or around the date in question, September 12, 2014. It was not clear how the proposed chest x-ray would influence or alter the treatment plan. The test in question was ordered in the clinic setting, not the hospital setting. The applicant was well over a year removed from the date of earlier surgery and/or earlier hospitalization. It was not clear for what purpose the chest x-ray in question was intended. Therefore, the request is not medically necessary.