

<b>Case Number:</b>	CM14-0174513		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Orthopedic Surgery 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:

This is a 50-year-old male with a 12/23/13 date of injury. The mechanism of injury occurred when he fell 10 feet from a ladder into a conveyer. The conveyer lacerated the patient's right chest and right leg and the patient hit the ground and fell on the back. According to a progress report dated 9/5/14, the patient presented with continued neck and back pain as well as bilateral shoulder, bilateral knee, and bilateral wrist pain. Arthroscopy with subacromial decompression with arthrotomy with rotator cuff repair of the right shoulder was certified in the 10/9/14 UR decision. Physical examination showed spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Decreased sensation noted bilaterally in the C5, C6, L5, and S1 dermatomes with pain. Shoulders showed impingement and decreased range of motion. Knees had patella crepitus on flexion and extension with medial lateral joint line tenderness. Diagnostic impression: cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, spondylolisthesis, elbow tendinitis/bursitis, wrist tendinitis/bursitis, knee tendinitis/bursitis. Treatment to date: medication management, activity modification, and injections. A UR decision dated 10/9/14 denied the requests for chest X-ray and laboratory test. There is no documented pertinent medical history that would necessitate pre-operative laboratory tests and chest X-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Chest X-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Low Back, preoperative testing

**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 - X-Ray

**Decision rationale:** CA MTUS does not address this issue. ODG recommends chest X-ray with 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. However, in the present case, there is no documentation that the patient has risk factors for a cardiopulmonary condition. There is no documentation that this patient has symptoms such as shortness of breath, a bad or persistent cough, chest pain, or injury and fever. A specific rationale as to why a chest X-ray is required in this patient was not provided. Therefore, the request for associated surgical service: chest X-ray is not medically necessary.

**Associated Surgical Service: Laboratory Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Preoperative testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Pre-operative EKG and Lab Testing X Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

**Decision rationale:** ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. However, in the present case, there is no documentation as to what type of laboratory testing the provider is requesting. There is no documentation of history or physical exam findings indicating that this patient requires specific laboratory tests. Therefore, the request for associated surgical service: laboratory test is not medically necessary.