

Case Number:	CM14-0022911		
Date Assigned:	05/14/2014	Date of Injury:	01/18/2010
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 injured worker is a 34-year-old female who reported an injury on January 18, 2010. The mechanism of injury was not provided. The clinical note dated March 12, 2014 noted the injured worker presented with severe neck, right shoulder, and right arm pain. The prior treatment included medication. The injured worker's diagnoses included radiculopathy cervical, right rotator cuff tear, obesity, COAT, headache, diabetes mellitus, insomnia, right shoulder pain, spondylitis cervical without myelopathy, myalgia and myositis unspecified, fall from other slipping or stumbling, cervical strain, chronic pain related to trauma, obesity, depression/anxiety, muscle spasms, and other specified preoperative examination. The review of the cardiovascular system was noted to be negative for chest pain, claudication, edema, and irregular heartbeat/palpation. The provider recommended a chest x-ray and EKG (electrocardiogram); the provider's rationale was not included within the medical documents. The Request for Authorization was not included in the medical documents for review.

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 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, X-Ray.

Decision rationale: The Official Disability Guidelines state chest x-rays are recommended if acute cardiopulmonary findings by history/physical or chronic cardiopulmonary disease in the elderly older than 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 and fever. The included medical documents state that the injured worker is negative for chest pain, claudication, edema, irregular heartbeat, and palpitations. There is a lack of significant objective examination findings that support possible pulmonary pathology to warrant an x-ray for the chest. The request for a chest X-Ray is not medically necessary or appropriate.

EKG: 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) Low Back, ECG.

Decision rationale: The Official Disability Guidelines recommend for injured workers undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An adequate examination of the injured worker was not provided detailing current symptoms to warrant an EKG. There are no significant findings in the subjective or objective exam to indicate signs or symptoms of active cardiovascular disease. The request for an EKG is not medically necessary or appropriate.