

Case Number:	CM14-0023150		
Date Assigned:	05/14/2014	Date of Injury:	04/07/2004
Decision Date:	08/08/2014	UR Denial Date:	01/21/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 64 year old male who presented with coronary atherosclerosis along with respiratory issues to include shortness of breath. The utilization review dated 02/20/14 resulted in non-certifications of lab work as no information had been submitted supporting the request in terms of functional deficits. The clinical note dated 01/16/14 indicates the injured worker having undergone a CT scan of the chest as the injured worker had complaints of difficulty with swallowing. The CT scan revealed a 2-3cm gastric lesion in the fundus. However, the injured worker was identified as having no epigastric symptoms. The utilization review dated 01/21/14 resulted denials for lab studies, CT of the abdomen and pelvis, as well as CT of the chest as insufficient information had been submitted confirming the medical need for these exams.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/9/14) FOR CPM, CBC, LDH, PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic

Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies to include CMP, CBC, LBH, PT, and PTT is not recommended. The documentation indicates the injured worker having complaints of difficulty with swallowing. Lab studies are indicated in order to provide the injured worker with an assessment in order to guide future treatments. However, no information was submitted regarding the injured worker's need for these exams as no functional deficits were identified. Given these findings, the request is not indicated as medically necessary.

RETROSPECTIVE REQUEST (DOS: 1/9/14) FOR CT ABDOMEN/PELVIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACR-SCBT-MR-SPR Practice Guideline for the performance of computed tomography (CT) of the Abdomen and computed tomography (CT) of the Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, CT (computed tomography).

Decision rationale: The request for a CT scan of the abdomen and pelvis is not recommended. No information had been submitted confirming the medical need for a CT scan of the pelvis or abdomen. Without any significant findings confirming the medical need for these studies, this request is not indicated.

RETROSPECTIVE REQUEST (DOS: 1/9/14) FOR CT OF THE CHEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-SCBT-MR-SPR Practice Guideline for the performance of thoracic computed tomography (CT).

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, CT (computed tomography).

Decision rationale: The request for a CT scan of the chest is non-certified. No information had been submitted confirming the medical need for a CT scan of the chest. Without any significant findings confirming the medical need for these studies, this request is not fully indicated.