

Case Number:	CM14-0067670		
Date Assigned:	07/11/2014	Date of Injury:	11/12/2001
Decision Date:	08/13/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Surgeon and is licensed to practice in Texas and Ohio. 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 67-year-old female who reported an injury on 11/12/2001 after she reached for a box which reportedly caused injury to her low back and right knee. The injured worker's treatment history included physical therapy, corticosteroid injections, medications and a right knee hinged griper. The injured worker failed conservative treatment and surgical intervention was recommended. The injured worker was evaluated on 12/12/2013. It was documented that the injured worker had intermittent chest pain and shortness of breath with exertion. Physical findings included clear to auscultation bilaterally of the lungs with no murmurs, a regular rate and rhythm and a normal S1-2 of the heart. It was also documented that the injured worker was a smoker. A request was made for a preoperative chest x-ray; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Chest X-Ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Lab Testing.

Decision rationale: The requested preoperative chest x-ray is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend a chest x-ray for patients with complicating risk factors that could contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does indicate that the injured worker has a recent history of shortness of breath and chest pain and is a current smoker. Is in combination of her age of 67 would put her at significant risk for complications during surgical intervention. Therefore, a preoperative chest x-ray would be medically indicated in this clinical situation. As such, the requested preoperative chest x-ray is medically necessary and appropriate.