

<b>Case Number:</b>	CM14-0071511		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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:

Patient is a 62 year-old male with date of injury 01/28/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/09/2014, lists subjective complaints as pain in the neck with associated headaches, upper and mid-back pain, constant to severe chest pain, and upper extremity pain, bilaterally. Objective findings: Examination of the chest wall revealed mild tenderness to lateral insertion of left Pectoralis and latissimus. Sensory examination was normal. Examination of the bilateral upper extremities revealed range of motion within normal limits. Abduction against resistance was mildly reduced. Diagnosis: 1. Strain, chest wall 2. Strain, L Pectoralis. Patient has attended 12 sessions of physical therapy which he claims have helped. The patient had a normal chest x-ray on 02/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left anterior chest wall:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mohammed TI, Kirsch j, Amorosa JK, Brown K, Chung JH, Dyer DS, Ginsburg ME, Heitkamp DE, Kanne JP, Kazerooni EA, Ketai LH, Parker JA, Ravenel JG, Saleh AG, Shad RD, Expert Panel on Thoracic imaging. ACR Appropriateness Criteria rib fractures, (Online Publication). Reston (VA). American College of Radiology (ACR); 2011. 4p. (20 references).

**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: Johns Hopkins Medicine, Health Library, Chest Radiography, CXR [www.hopkinsmedicine.org/healthlibrary/test\\_procedures/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/).

**Decision rationale:** The guides were silent on the use of a chest x-ray to evaluate a chest wall muscle strain. The Johns Hopkins medicine health Library was referenced. According to the reference, a chest x-ray we'll provide a little or no information helpful in the diagnosis of chest wall strain. In addition, the patient has had a recent normal chest x-ray following the day of the injury. The medical record indicates that the patient is improving. A repeat chest x-ray is not medically necessary.