

Case Number:	CM13-0033928		
Date Assigned:	12/06/2013	Date of Injury:	12/06/2012
Decision Date:	12/10/2015	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Mississippi

Certification(s)/Specialty: Family Practice

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 66-year-old female who reported an injury on 12/06/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included surgical intervention and medications to manage chronic pain. The injured worker was evaluated on 07/17/2013. It was documented that the injured worker had ongoing moderate to severe sharp shoulder pain and wrist pain. Evaluation of the right shoulder documented decreased range of motion secondary to pain with tenderness to palpation of the anterior shoulder, posterior shoulder, lateral shoulder, and acromioclavicular joint with a positive Speed's and Hawkins test. Evaluation of the right wrist documented tenderness to palpation along the dorsal wrist, volar wrist, medial wrist, and lateral wrist with a positive Tinel's sign and Phalen's test. The injured worker's diagnoses at that time included right wrist strain/sprain, right shoulder impingement, left shoulder pain and dysfunction. A request was made for a CT scan for the chest. However, no justification for the request was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent CT Scan of Chest Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Chapter, Online Version, CT (Computed Tomography).

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 urgent CT scan of the chest without contrast is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend CT scans of the chest for evaluation of interstitial lung disease. The clinical documentation submitted for review does not provide any respiratory deficits that would require evaluation or an imaging study. There was no documentation of a treatment history that included pulmonary deficits. Therefore, the need for a CT chest is not supported. As such, the requested urgent CT scan of the chest without contrast is not medically necessary or appropriate.