MAXIMUS Federal Services

Case Number:	CM14-0143780		
Date Assigned:	09/12/2014	Date of Injury:	10/28/2013
Decision Date:	07/28/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55 year old female, who sustained an industrial injury due to inhalation of chemical fumes on 10/28/2013. Diagnoses include acute bronchitis, asthma NOS and chemical bronchitis. Treatment to date has included medications including Zyrtec. Per the Primary Treating Physician's Progress Report dated 7/21/2014, the injured worker reported shortness of breath, coughing up phlegm with blood and wheezing. Physical examination revealed symmetrical expansion of the lungs regular and unlabored breathing. There was no accessory muscle use. There was no dullness, flatness or hyper resonance upon percussion. Auscultation of the lungs revealed no rales, rhonchi, no wheezing and no pleural rub. The plan of care included oral and inhaled medications and diagnostics and authorization was requested for chest x-ray (AP and lateral).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-ray (AP and Lateral): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2014, Pulmonary (Acute & Chronic), X-ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary section, X-rays.

Decision rationale: Pursuant to Official Disability Guidelines, chest x-ray (AP & lateral) is not medically necessary. Chest x-rays recommended its acute cardiopulmonary findings by history/physical or chronic cardiopulmonary disease in the elderly (greater than 65). Routine chest x-rays are not recommended in asymptomatic patients with unremarkable history and physical. In this case, the injured workers working diagnoses are acute bronchitis; asthma NOS; and chemical bronchitis. The date of injury is October 28, 2013. The request for authorization is dated July 30, 2014. The progress note dated July 21, 2014 shows the injured worker had subjective complaints of shortness of breath, cough, blood streaked sputum and increase congestion. The injured worker denies having had a prior chest x-ray. Oxygen saturation's objectively were 99% in the lungs were clear with a normal cardiorespiratory examination. The injured worker was started on Allegra, symbicort, xopenex and Zyrtec. There were no clinical findings on examination to warrant a chest x-ray despite the subjective complaints. There were no physical findings indicative of pneumonia or other maladies warranting a chest x-ray. Consequently, absent clinical documentation indicative of cardiopulmonary disease with objective clinical findings on physical examination, chest x-ray (AP & lateral) is not medically necessary.