

Case Number:	CM15-0140208		
Date Assigned:	07/30/2015	Date of Injury:	08/15/2012
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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 was a 23-year-old male, who sustained an industrial injury, August 15, 2012. The injured worker previously received the following treatments Tramadol, right wrist MRI that showed a probable partial tear of the scapholunate ligament with a low grade sprain of the ulnar attachment of the triangular fibrocartilage complex and right hand and wrist x-rays and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity, which was normal. The injured worker was diagnosed with chronic pain, status post right middle finger degloving injury with subsequent skin grafting, posttraumatic arthralgia and stiffness. According to progress note of June 1, 2015, the injured worker's chief complaint was right hand pain. There was a well healed skin graft over the dorsum of the right middle finger measuring 2 times 3 cm. range of motion of the right wrist was normal. There was tenderness over the palm of the right hand. There was sensory loss in the right middle finger. According to the progress note of May 23, 2015, the injured worker was complaining of chest pain and shortness of breath. On June 29, 2015, the physical exam was unremarkable. The injured worker was complaining about chest pain and shortness of breath for underlining coronary artery disease or underlying respiratory injury. The treatment plan included a chest x-ray on June 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-ray: 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), pulmonary 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 the Official Disability Guidelines, chest x-ray is not medically necessary. Chest x-rays recommended if acute cardiopulmonary findings by history/physical examination, or chronic cardiopulmonary disease in the elderly (greater than 65). Routine chest x-rays are not recommended in asymptomatic patients with an unremarkable history and physical. Chest x-ray is typically the first imaging test used to help diagnose symptoms such as shortness of breath, persistent cough, chest pain, injury and fever. In this case, injured worker's working diagnoses are just paying; insurance of breath. The date of injury is August 15, 2012. The request for authorization is dated June 30, 2015. The medical record contained 52 pages and a single first report from the treating internal medicine provider. The injured worker is a 23-year-old with complaints of right hand, wrist and shoulder pain. Injured worker had concurrent complaints of chest pain and shortness of breath. Objectively, the blood pressure was 109/62. The physical examination was within normal limits. The injured worker is less than 65 and offers no subjective complaints or objective findings indicating a chest x-ray is warranted. There were no acute cardiopulmonary findings in the patient's history, past medical history or physical examination. There was no clinical rationale for ordering a chest x-ray. Consequently, absent clinical documentation with evidence of acute cardiopulmonary findings and subjective complaints and clinical findings indicating a chest x-ray is warranted, chest x-ray is not medically necessary.