

<b>Case Number:</b>	CM15-0161789		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: North Carolina

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:

This 62-year-old woman sustained an industrial injury on 1-16-2014 after tripping and falling on the bed alarm, hit her chest on the bed frame and hit her knee on the floor. Diagnoses include comminuted fracture of the right patella status post surgical repair and sternal pain at the junction of munbrium. Treatment has included oral and topical medications, surgical intervention, and use of a walker. Physician notes dated 7-23-2014 show complaints of knee pain with radiation up the thigh and right hip. Recommendations include chest MRI, psychological evaluation, stop Tylenol with Codeine, start Buprenorphine, stop Lidoderm patch, Capsaicin, Gabapentin, Naprosyn, Protonix, and follow up in one week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI chest wall:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chest MRI.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that MRI of the chest is only indicated as an alternative to chest CT in the detection of pulmonary metastatic disease. The patient does not have indication of pulmonary metastatic disease and only has tenderness in the manubrium. Therefore, the request is not medically necessary.