

Case Number:	CM15-0187418		
Date Assigned:	09/29/2015	Date of Injury:	04/06/2015
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for an industrial electrocution injury reportedly sustained on April 6, 2015. In a utilization review report dated August 31, 2015, the claims administrator failed to approve a request for a chest x-ray. The claims administrator referenced office visits and RFA forms of August 18, 2015 and August 24, 2015 in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of left arm pain and weakness with ancillary complaints of nausea, vomiting, and weight loss. The applicant was not working, it was reported. The applicant's medical history was notable for asthma and attention deficit hyperactivity disorder. The applicant was status post cervical spine surgery, lumbar spine surgery, a hysterectomy, multiple C-sections, an appendectomy, and a cholecystectomy, it was reported. The applicant had a history of drug and alcohol abuse, it was reported. The attending provider contended that the applicant had developed issues with possible complex regional pain syndrome (CRPS) associated with the industrial electrocution injury. Neurontin, Zofran, a gastroenterology consultation, a baseline EKG, and other "baseline laboratory testing" were seemingly ordered. On an attached order form, handwritten, difficult to follow, not entirely legible, seemingly dated August 12, 2015, the treating providers ordered an EKG, a chest x-ray, a CBC, BMP, LFTs, urinalysis, and a CPK.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for a chest x-ray was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that chest radiographs may be needed to elucidate shoulder pain which could be the result of a pneumothorax, apical lung tumor, or other apical diseases such as tuberculosis, here, however, no such disease processes were seemingly present and/or suspected on or around the date in question, August 18, 2015. The attending provider failed to furnish a clear or compelling rationale for the chest x-ray at hand, simply writing that he was intent on ordering "baseline laboratory testing." The fact that multiple different diagnostic testing to include an EKG, CBC, BMP, CPK, urinalysis, liver function testing, and the chest x-ray at issue were ordered strongly suggested that such testing was being performed for routine evaluation purposes, without any overt suspicion of cardiac or pulmonary disease. Therefore, the request was not medically necessary.