

Case Number:	CM15-0213540		
Date Assigned:	11/03/2015	Date of Injury:	09/09/2014
Decision Date:	12/22/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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 [REDACTED] who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 9, 2014. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for a chest x-ray and a body composition study apparently performed on July 8, 2015. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant was asked to continue working regular duty work, despite ongoing complaints of shoulder pain. Authorization for shoulder surgery was sought to ameliorate issues with rotator cuff tear. Tramadol and Kera-Tek analgesic gel were endorsed. The applicant's past medical history was notable for asthma and a skin rash, the treating provider reported. The applicant was using an inhaler for asthma, the treating provider acknowledged. On May 28, 2015, the applicant was described as having ongoing issues with depression, anxiety, sleep disturbance, constipation, shortness of breath, and chest pain. These issues were not, however, quantified, elaborated or expounded upon. Cardiorespiratory testing, pulmonary function testing, an echocardiogram, a stress echocardiogram, a chest x-ray, and an upper GI series were apparently ordered and/or pending, the treating provider reported. On July 8, 2015, the treating provider again failed to expound upon the applicant's allegations of depression, anxiety, sleep disturbance, constipation, shortness of breath, and/or chest pain. Pulmonary function testing, an echocardiogram, a stress echocardiogram, a chest x-ray, and an upper GI series were again described as pending. It was not clearly stated what was sought and/or what was suspected insofar as these particular studies were concerned. The applicant was apparently returned to regular duty work. A body composition scan was performed in the clinic, the results of which were apparently not reported.

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 notes that chest radiographs or chest x-rays may be needed to elucidate shoulder pain which could be the result of a pneumothorax, apical lung tumor, or other apical disease such as tuberculosis, here, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. The July 8, 2015 progress note was thinly and sparsely developed, contained little narrative commentary, and did not elaborate on the extent of the applicant's cardiac, pulmonary, shoulder, and/or respiratory symptoms to any degree on the date in question, July 8, 2015. The fact that so many different studies to include pulmonary function testing, an echocardiogram, a stress echocardiogram, an upper GI series, and a chest x-ray were all concurrently ordered on the same date of service strongly suggested that said studies had been ordered for routine evaluation purposes, without any clearly-formed intent to act on the results of the same. Therefore, the request was not medically necessary.

Retrospective request for body composition study (DOS: 07/08/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology Amended 2014 (Resolution 39) ACRSPRSSR PRACTICE PARAMETER FOR THE PERFORMANCE OF DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) Dual-energy X-ray absorptiometry (DXA) is a clinically proven method of measuring bone mineral density (BMD) in the lumbar spine, proximal femur, forearm, and whole body [1-5]. It is used primarily in the diagnosis and management of osteoporosis and other disease states characterized by abnormal BMD, as well as to monitor response to therapy for these conditions [6]. It may also be used to measure whole-body composition [7-9]. II. INDICATIONS AND CONTRAINDICATIONS BMD measurement is indicated whenever a clinical decision is likely to be directly influenced by the result of the test [11].

Decision rationale: The request for a body composition study was not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a request for a procedure analogous to DEXA (DXA) scanning. The MTUS does not address the topic. While the American College of Radiology (ACR) notes that DXA scanning is a clinically-proven method of measuring bone mineral density and can be employed to measure whole body composition, the ACR qualifies its position by noting that DEXA scan is used primarily in diagnosing and management of osteoporosis and/or to monitor therapy associated with these conditions. Here, however, there was no mention of the claimant's having issues with osteoporosis or suspected osteoporosis on the date in question, July 8, 2015. It was not clearly stated how the study in question would influence or alter the treatment plan. ACR notes that measurement of a claimant's body composition is indicated whenever a clinical decision is likely to be directly influenced because of the test. Here, however, the attending provider's July 8, 2015 office visit did not clearly state how (or if) the study in question would influence or alter the treatment plan. Little-to-no narrative commentary accompanied the request for authorization. The fact that so many different diagnostic studies to include the body composition study at issue, pulmonary function testing, an echocardiogram, a chest x-ray, an upper series, a stress echocardiogram, etc., were all concurrently ordered strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.