

Case Number:	CM15-0057746		
Date Assigned:	04/02/2015	Date of Injury:	01/28/2013
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained a work/industrial injury on 1/28/13. He has reported initial symptoms of hip, knee, and back pain. The injured worker was diagnosed as having osteoarthritis of hip and thigh, pain in back, hip, and knee. Treatments to date included medication, diagnostics, surgery (right total hip arthroplasty on 11/20/14), physical therapy, and stretching exercises. X-ray's were performed on 11/4/14 and 11/20/14. Currently, the injured worker complains of knee, hip, and low back pain. The treating physician's report (PR-2) from 2/17/15 indicated the injured worker was concerned over a shooting pain in his hip that went down his leg. There were other complaints of arthralgias/joint pain, back pain, and swelling in the extremities. There was also restless leg and sleep disturbance. Examination reported normal motor, strength, pulses, and reflexes. Treatment plan was for left hip arthroplasty. Treatment plan included a chest x-ray (pre-operative testing).

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 ODG Low Back (updated 03/03/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website www.acr.org **Official** disability guidelines Pulmonary Chapter, X-ray.

Decision rationale: The 56 year old patient complains of right hip pain, knee pain, low back pain, and osteoarthritis of the pelvic region and thigh, as per progress report dated 02/17/15. The request is for CHEST X-RAY. There is no RFA for this case, and the patient's date of injury is 01/28/13. The patient is status post total hip replacement on 11/20/14, as per progress report dated 02/17/15. Medications included Amitriptyline, Aspirin, Chantix, Cyclobenzaprine + Gabapentin creams, Flurbiprofen+Menthol+Lidocaine cream, Hydrocodone, Ibuprofen, Triazolam. The patient is currently off work, as per the same progress report. Regarding pre-op chest X-ray, The American College of Radiology does not recommend routine X-rays when the patient has no pulmonary symptoms with unremarkable history and examination. (www.acr.org) ODG Pulmonary Chapter, X-ray, has the following, "Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as shortness of breath, a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006)" In this case, the patient is status post total hip replacement on 11/20/14 and underwent a chest x-ray on 11/04/14 as part of its pre-operative clearance. The treating physician, however, does not document any history of cardiopulmonary illness nor does the physician list any significant cardiopulmonary findings during physical examination. Consequently, the request for pre-op chest x-ray IS NOT medically necessary.