

Case Number:	CM15-0063122		
Date Assigned:	04/08/2015	Date of Injury:	11/05/2011
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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 is a 54 year old male, who sustained an industrial injury on November 5, 2011, incurring injuries to the neck and bilateral shoulders after a fall. He was diagnosed with a deep vein thrombosis and pulmonary embolism, cervicalgia, neck sprain, rotator cuff sprain and bilateral shoulder pain. He underwent biceps surgery and a left shoulder arthroscopy in 2012. Treatment included medical management, physical therapy, transcutaneous electrical stimulation unit, and pain management. The treatment plan that was requested for authorization included a computed tomography of the lungs without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) computed tomography of the lungs without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary (Acute and Chronic) CT (computed tomography).

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, Computed Tomography.

Decision rationale: Pursuant to the Official Disability Guidelines, one computerized tomography of the lung without contrast is not medically necessary. The guidelines recommended computed tomography for establishing the diagnosis of bronchiectasis. Computerized tomography is recommended as high resolution CT imaging in the evaluation of individuals with presumed interstitial lung disease or bronchiectasis. CT remains the main imaging technique for the preoperative staging and post therapeutic evaluation of propaganda carcinoma. In this case, the injured worker's working diagnoses are neck pain; left shoulder pain, left rotator cuff repair January 26, 2012 and manipulation under anesthesia September 4, 2013; right shoulder pain; left biceps repair February 24, 2012 and history of pulmonary embolism (not documented in list of diagnoses). Documentation from a January 12, 2015 progress note and a February 9, 2015 progress note do not contain clinical entries referencing shortness of breath or repeat ongoing pulmonary embolism testing. Subjectively, there is no documentation of shortness of breath. The documentation indicates the injured worker has had problems with pulmonary emboli and is on an O2 concentrator at night. Objectively, there are no vital signs documented in the medical record and there is no heart or lung physical examination and medical record. There is no documentation referencing a CAT scan of the lung. Additionally, the appropriate diagnostic test to rule out pulmonary embolism is a computed tomography angiogram (with contrast). The request for authorization request contains a CAT scan of the lung without contrast. Consequently, absent clinical documentation with a clinical rationale supporting the presence of pulmonary embolism, one computerized tomography of the lung without contrast is not medically necessary.