

Case Number:	CM15-0234027		
Date Assigned:	12/10/2015	Date of Injury:	03/17/2015
Decision Date:	01/13/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 51 year old female who sustained an industrial injury on 3-17-2015. A review of medical records indicates the injured worker is being treated for myeloligamentous sprain strain of neck, severe carpal tunnel syndrome right, secondary flexor tendinitis, right wrist, and significant arthritis right knee. Medical records dated 9-21-2015 noted complaints problems with her upper extremity with numbness and weakness in her right hand as well as right knee pain. Physical examination noted right wrist and hand revealed a positive Phalan's test with positive Tinel's sign for the medial nerve. Evaluation of the right knee noted no change in swelling, crepitation, and pain in motion. There was decreased sensation in the median nerve distribution on the right. Treatment has included physical therapy. Utilization review form dated 11-16-2015 noncertified Chest X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Ray #1: 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 Official Disability Guidelines (ODG) Pre-operative CXR.

Decision rationale: The patient is a 51 year old female who was certified for right carpal tunnel release. A preoperative CXR was requested. Official Disability Guidelines, (ODG) for pre-operative chest X-ray states: "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." In this case, there is not sufficient documentation that the patient is at risk for postoperative pulmonary complications or other condition that would warrant a CXR. Therefore, a preoperative CXR is not medically necessary.