

Case Number:	CM15-0243387		
Date Assigned:	12/23/2015	Date of Injury:	03/16/2012
Decision Date:	01/25/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/14/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old male who sustained an industrial injury on 03-16-12. A review of the medical records reveals the injured worker is undergoing treatment for right shoulder impingement syndrome. Medical records (11-11-15) reveal the injured worker complains is in the midst of a workup for right shoulder arthroscopic rotator cuff surgery. The treating provider states that a CT scan of the chest is necessary as a nodule was seen on the preoperative chest x-ray. The CT scan is requested to see whether this is a new problem such as a neoplasm versus old scarring in order to provide care and treatment. The original utilization review (12-04-15) non certified the request for a CT scan of the chest.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT, chest.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that CT of the chest is indicated in the evaluation of possible neoplasm as indicated by abnormal chest x-ray. The patient has a pulmonary nodule on chest x-ray but there is no indication from the radiologist report that CT scan is indicated versus repeat chest-x-ray in follow up. The patient is otherwise asymptomatic for neoplasm of the lung. Therefore the request is not medically necessary.