

Case Number:	CM13-0036752		
Date Assigned:	12/13/2013	Date of Injury:	09/15/2012
Decision Date:	02/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 beneficiary has a date of injury of 9/15/12 with left shoulder pain and an extension of pain to anterior chest wall. The beneficiary has undergone MRI and conservative management of left shoulder pain. No exertional chest pain is noted, nor is there history or multiple risk factors for coronary artery disease. The beneficiary now seeks a MRI of the chest wall for a presumptive diagnosis of costochondritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the anterior chest wall: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology Appropriateness Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, Practice Guidelines, Appropriateness Criteria for patient with low probability for Coronary Artery Disease and Clinical Condition of Chronic Chest Pain.

Decision rationale: The beneficiary has chest wall pain. The presumptive diagnosis is costochondritis. The request is for an MRI of the chest wall. The above guidelines indicate no

medical necessity for an MRI of the chest wall for chostochondritis and this clinical scenario. Therefore the requested test is not medically necessary.