

Case Number:	CM14-0149003		
Date Assigned:	09/18/2014	Date of Injury:	06/15/2012
Decision Date:	11/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 patient is a 57 year old male who was injured on 06/19/2012. The mechanism of injury is unknown. Prior treatment history included Naproxen sodium, omeprazole, and acupuncture. The patient was seen on 06/30/2014 for complaints of shortness of breath and difficult breathing but no significant findings were documented. It is noted that he was referred for an evaluation by a pulmonologist or internist as he was exposed to a lot of dust and inhalation of dust related to his job. Prior utilization review dated 08/14/2014 states the request for CT Scan Chest is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan 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-Treatment in Workers Compensation, Online Edition, Chapter: Pulmonary, 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) Thoracic and lumbar region, CT (Computed tomography)

Decision rationale: The guidelines recommend CT of the chest to evaluate for certain pulmonary diseases such as pneumonia, pulmonary embolism, pneumothorax, thoracic fractures, pericardial fluid, and many other disease processes. The clinical documents did not discuss the indication for CT scan of the chest. The request does not state if the CT is to be performed with IV contrast. There were minimal pulmonary subjective findings in the clinical notes provided. There were no pulmonary physical exam or chest x-ray results that were discussed. At this point, the medical necessity of CT chest has not been established. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.