MAXIMUS Federal Services

Case Number:	CM14-0100532		
Date Assigned:	07/30/2014	Date of Injury:	01/12/1996
Decision Date:	05/21/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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 1/12/96. The injured worker was diagnosed as having morbid obesity, depression, hypertension, shortness of breath, and sleep apnea. Chronic beryllium disease was also noted. Treatment to date has included medication. A physician's report dated 5/1/14 noted the respiration rate was 16, pulse was 76, and blood pressure was 152/100. Physical examination findings included normal respiratory effort and normal lung sounds. Heart rate was noted to be regular with a normal rhythm with no heart murmurs, gallops, rubs, or abnormal heart sounds. Currently, the injured worker complains of weight gain and stressful issues at home. The treating physician requested authorization for high resolution computerized tomogram for the chest without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

HRCT to chest without contrast (high resolution computerized tomogram): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (www.acr.org).

Decision rationale: Pursuant to the American College of Radiology, (HRCT) high-resolution computed tomography of the chest without contrast is not medically necessary. High resolution computed tomography of the chest is indicated for, but not limited to, evaluation of diffuse culinary disease discovered on chest x-ray, conventional CAT scan of the chest; evaluation of the lungs in patients with clinically suspected pulmonary disorders with normal or equivocal chest x-rays; evaluation of suspected small and large airway disease; and quantification of the extent of diffuse lung disease for evaluating effectiveness of treatment. In this case, the injured worker's working diagnoses are obesity; depression; hypertension; osteopenia; sleep apnea; shortness of breath unchanged; and beryllium exposure. On physical examination, the injured worker's lungs were clear with the normal respiratory rate. There is no chest x-ray documented in the medical record. Utilization review indicates the injured worker has a history of chronic beryllium exposure of chronic lung disabilities. The medical record contains eight pages and one progress note dated May 1, 2014. There are no subjective complaints documented in the progress note. The assessment indicates the injured worker's shortness of breath is unchanged. Consequently, absent clinical documentation with worsening symptoms, objective clinical findings, and updated chest radiograph, (HRCT) high-resolution computed tomography of the chest without contrast is not medically necessary.