

Case Number:	CM15-0008879		
Date Assigned:	01/27/2015	Date of Injury:	07/28/2014
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: Florida

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 (IW) is a 55 year old Male, who sustained an industrial injury on 07/28/2014. He has reported constant pain in the bilateral elbows, right knee, neck, bilateral shoulders and the mid and low back. The diagnoses have included thoracic sprain, lumbar sprain, sprain of sacrum, sprain of unspecified site of shoulder and upper arm-Rotator cuff syndrome of shoulder and allied disorders, other effect ions of shoulder region, not elsewhere classified, sprain of unspecified site of knee and leg, chondromalacia of patella, sprain of unspecified site of elbow and forearm. Treatment to date has included six sessions of physical therapy, acupuncture therapy and medications. Records dated January 5, 2015 from a secondary treating physician's comprehensive internal medicine report of examination on 12/04/2014 report the IW was seen for a comprehensive internal medicine examination. A resting pulmonary function study was obtained because of complaints of shortness of breath. The pulmonary function studies were consistent with a restrictive defect that could be consistent with interstitial lung disease, chest wall trauma or generalized pain. The diagnoses in that examination included shortness of breath secondary to restrictive pulmonary process likely related to chest wall trauma and possible pulmonary contusion. A request was submitted for a CT of the chest without contrast. On 01/06/2015 Utilization Review non-certified a CT (computed tomography) scan of the chest without contrast, noting the records submitted for review failed to include documentation of chest complaints, physical examination involving the chest, and a treatment plan which included a CT of the chest, The records of 01/05/2015 were not included in those available for the initial review. Non MTUS, ACOEM Guidelines, Official

Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pulmonary CT (computed tomography) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of the chest without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pulmonary CT (computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chest CT

Decision rationale: The MTUS guidelines are silent regarding the indications for a Chest CT. However, the ODG guidelines recommend a Chest CT for further evaluation of interstitial lung disease or bronchiectasis. Regarding this patient's case, utilization review did not certify this request stating that no chest physical exam findings were noted. Records note on chest exam that "percussion is normal....reduced diaphragmatic motion. There are decreased breath sounds with no rales, no rhochi, and no wheezing." The social history states that the patient is a nonsmoker. Pulmonary function testing notes that findings were consistent with a restrictive defect that could be consistent with interstitial lung disease, chest wall trauma, or generalized pain. This request for a Chest CT to further evaluate this patient's abnormal physical exam finding and pulmonary function findings is considered medically appropriate and necessary.