

Case Number:	CM15-0063048		
Date Assigned:	04/09/2015	Date of Injury:	08/04/2014
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27-year-old male, who sustained an industrial injury on August 4, 2014. The injured worker was diagnosed as having cervical, right shoulder and right elbow sprain, post traumatic stress disorder (PTSD), insomnia and dizziness. Treatment and diagnostic studies to date have included pulmonology consultation, physical therapy. A progress note dated February 9, 2015 provides the injured worker complains of right shoulder pain radiating to right elbow. Pain is rated 7/10. He reports difficulty breathing and pain on deep inspiration. He also has headaches that increase in intensity. Physical exam notes cervical tenderness, right shoulder tenderness with some decreased range of motion (ROM) and right elbow tenderness with decreased strength of the hand. The plan includes medication, home exercise and diagnostic tests.

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: 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) Pulmonary (updated 07/29/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary Chapter, CT Scan of Chest.

Decision rationale: Regarding the request for a CT scan of the chest, ACOEM and California MTUS do not contain criteria for this request. The Official Disability Guidelines state that CT scans are "Recommended as high-resolution CT imaging in the evaluation of individuals with presumed interstitial lung disease or bronchiectasis. (Brown, 2006b) (Rosen, 2006a) (Noth, 2007) Computed tomography (CT) remains the main imaging technique for the preoperative staging and post-therapeutic evaluation of bronchogenic carcinoma. (Schaefer-Prokop, 2002) (Mohammed, 2006) (Spiro, 2007) (Wilson, 2008) For patients with either a known or suspected lung cancer who are eligible for treatment, a computed tomography (CT) scan of the chest should be performed." Within the documentation available for review, there is documentation that the injured worker suffered smoke inhalation as a fire developed in the building the worker was in. The patient saw a specialist on 1/2/15. There was subsequent chest pain and wheezing, which could indicate an intrapulmonary pathology. Therefore, it is medically necessary to have a CT Scan of the Chest given this clinical picture. Note that the IMR process does not establish causation, but only medical necessity. If there is dispute between the worker and claims administrator as to whether a body region is accepted, then a QME/AME can resolve this discrepancy.