

Case Number:	CM13-0061196		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2011
Decision Date:	04/10/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery, 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 60-year-old male who reported an injury on 05/18/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with posttraumatic brain injury, status post right frontal parietal hemicraniectomy, and bilateral hematoma. A request for authorization was submitted on 11/08/2013 for a neurosurgeon consultation and an MRI of the right lower extremity; however, there is no physician progress report submitted on the requesting date. The patient was recently seen by [REDACTED] on 09/25/2013. The patient reported intermittent headaches. Physical examination revealed 5/5 motor strength with normal muscle bulk and tone. Treatment recommendations included a return visit in 3 months and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, American College of Occupational and Environmental Medicine (ACOEM), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no indication of a significant neurological deficit. The patient demonstrates normal muscle tone and 5/5 motor strength in the bilateral lower extremities. Documentation of an exhaustion of conservative treatment prior to the request for a specialty referral was not provided. The medical necessity has not been established. Therefore, the request is non-certified.

MRI of right lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee and Leg Conditions- MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the patient's physical examination revealed normal muscle bulk and tone as well as 5/5 motor strength. There is no documentation of an exhaustion of conservative treatment. There were no plain films obtained prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified.