

<b>Case Number:</b>	CM14-0007473		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Neurological 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 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 injured worker is a 73 year old female who sustained injuries to her right upper/lower extremities on 01/07/13 when she fell while descending the stairs of a lunch trailer. The injured worker sustained a fractured right arm and a fractured right femur. The injured worker complained of right shoulder/arm and right knee/leg pain. Physical examination noted ambulation with a single point cane; sensation to light touch intact in the right thigh down through the right lateral ankle. There were no imaging reports, surgical history or list of current medications provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURO FOLLOW UP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS

**Decision rationale:** The request for neuro follow up is not medically necessary. The previous request was denied on the basis that the very limited documentation submitted for review does

not provide any evidence of neurological dysfunction that would benefit from additional expertise. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, after reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for neuro follow up has not been established. Recommend non-certification.