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| <b>Case Number:</b>   | CM14-0054261 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 01/21/2011 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 04/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2014 |

### 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 Neurology and is licensed to practice in Texas, Massachusetts and Ohio. 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 injured worker is a 57-year-old male who reported an injury on 01/21/2011, due to an unknown mechanism. The injured worker underwent left shoulder surgery on 05/23/2011, and was placed on conservative care including physical therapy and 2 shoulder injections. His medications are hydrocodone and omeprazole. The injured worker was diagnosed with hyperthyroidism, headaches, hypertension, gastritis, and diabetes. The injured worker received an EMG/NCV of the cervical spine and bilateral upper extremities on 08/19/2013. The EMG presents with normal findings, while the NCV studies suggested bilateral median and left ulnar neuropathy. The injured worker presents with a limited range of motion and pain is reported at 3/10 on the pain scale. The last office visit with the injured worker's physician was on 04/07/2014. The injured worker showed a decrease in range of motion, a complaint of pain to the left upper extremity of 3/10 on the pain scale, and remains off work. The physician added Guyon Canal Syndrome to the injured worker's diagnoses. The physician is asking for a neurologist evaluation for the left shoulder and elbow. The physician's rationale for the neurologist evaluation is for the onset of headaches and left upper extremity pain. The Request for Authorization form was not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist Evaluation (left shoulder and elbow):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127- Consultation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

**Decision rationale:** Per ODG guidelines for office visits, are recommended when determined to be medically necessary. Office visits play a vital role in the proper diagnosis and return to work of the injured worker. The injured worker has already received a positive NCV study indicating left ulnar neuropathy. The injured worker presents with a decreased range of motion and a constant pain level that has not improved as of 04/07/2014. The physician has already diagnosed the injured worker with Guyon Canal Syndrome and with the aid of NCV studies has noted bilateral median and left ulnar neuropathy. The physician's rationale for a neurologic evaluation for the injured worker is the onset of headaches. However, no rationale is provided for a neurologist evaluation for the left shoulder and elbow. As such, the request is non-certified.