

Case Number:	CM14-0094364		
Date Assigned:	07/25/2014	Date of Injury:	12/27/2012
Decision Date:	09/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 29 year old female who was reported injured on 2/27/12. The clinical note dated 07/02/14 indicates the injured worker complaining of pain, swelling, range of motion deficits, and flexibility issues. The utilization review dated 05/22/14 indicates the request was modified from a comprehensive neuropsychometric and balance testing was modified to include the neuropsychometric testing only with additional non-certifications for a formal electrodiagnostic study as well as a consultation with a dentist. The note indicates the initial injury occurred when the injured worker had a slip with a result of a 10 foot fall. The injured worker has undergone 14 physical therapy sessions in early 2013. There is an indication the injured worker has ongoing complaints of left hand weakness as well as left ankle pain. The injured worker also reported episodes of imbalance twice daily lasting 4-5 seconds. The injured worker also reported ringing in the left ear which was intermittent in nature. The injured worker did report tenderness at the TMJ upon palpation. The clinical note dated 05/05/14 indicates there was a loss of consciousness during the initial incident. The injured worker was admitted for a 5 day hospital stay thereafter. The note indicates the injured worker having undergone an orbital surgery on the left in July of 2013. The clinical note dated 09/13/13 indicates the injured worker able to demonstrate 30 degrees of plantar flexion with no dorsa flexion. The note does indicate the injured worker having sustained a calcaneal fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE ASSESSMENT OF COGNITION TO INCLUDE NEUROPSYCHOMETRIC TESTING AND BALANCE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Vestibular studies.

Decision rationale: The documentation indicates the injured worker having had a slip resulting in multiple injuries. There is an indication the injured worker is continuing with episodes of imbalance. However, these appear to be more orthopedic in nature. No information was submitted regarding the injured worker's vestibular issues; therefore, this request is not indicated as medically necessary.

FORMAL ELECTRODIAGNOSTIC STUDY (DESA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HEAD.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker complaining of pain at several sites. The use of formal electrodiagnostic studies is indicated for injured workers with significant functional deficits associated with neurologic involvement. No information was submitted regarding the injured worker's ongoing reflex, sensation, or strength deficits affecting the injured worker's care. Therefore, this request is not indicated as medically necessary.

CONSULTATION WITH A DENTIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

Decision rationale: The request for a consultation with a dentist is indicated as the injured worker has complaints of TMJ related pain. However, no information was submitted regarding the injured worker's functional deficits associated with the injured worker's TMJ related complaints. Therefore, this request is not indicated as medically necessary.