

<b>Case Number:</b>	CM13-0008345		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

5/30/14 note reports left shoulder examination under anesthesia. Diagnosis was left shoulder pain and acromioclavicular joint arthrosis. 4/10/14 note reports oral medications and topical creams are helping him. Range of motion is restricted. 4/2/14 neuropsychological evaluation notes findings of cognitive disturbance with h/o "being thrown from vehicle and being unconscious. 2/17/14 PR-2 reports dizziness. There is pain in the knee and shoulder. Diagnosis was h/o loss of consciousness with dizziness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL BACK TO NEUROLOGY FOR TREATMENT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 92, 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines treatment, management of medical conditions Page(s): 398.

**Decision rationale:** MTUS guidelines support that all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated according to best clinical practice. The insured is noted to have conditions of dizziness and cognitive abnormalities with h/o head injury with unconsciousness for which further evaluation is warranted by a neurologist to

determine the nature and diagnosis of such conditions to guide further diagnostic and/or therapy treatment.