

Case Number:	CM15-0005586		
Date Assigned:	01/20/2015	Date of Injury:	07/09/2011
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained a work related injury July 9, 2011. According to the injured worker he has cumulative trauma to the left wrist and back since April 2011, due to repetitive movements. He complained of headaches, vision problems, varicose veins, and pain in the left wrist, hands, shoulders, legs, and knees and feels depressed since not working from 2011. Past history includes s/p right shoulder arthroscopic subacromial decompression. An interim orthopedic physician's evaluation dated November 3, 2014, finds the injured worker with complaints of right shoulder pain. He has undergone 6 visits of physical therapy to date with some improvement. Physical examination reveals mild tenderness over the anterior aspect of the right shoulder. Forward flexion and abduction are limited to 110 degrees. The impingement test is equivocal. There is no evidence of inflammation. Impression is documented as s/p right shoulder arthroscopy. Treatment included additional physical therapy, home exercise and medications. According to an internal medicine qualified medical examination supplemental report, dated December 7, 2014, the physician documents the injured worker should be seen by a neurologist in regard to headaches. According to utilization review dated December 31, 2014, the request for a referral to a neurologist for headaches is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurologist for headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, 2004, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: Per the 12/01/14 QME report, records review shows the patient's complaint of daily headaches since at least 2011. The current request is for Referral To A Neurologist For Headaches. The RFA is not included. The 12/31/14 utilization review states the request was received 12/24/14. As of 11/03/14 the patient is Temporarily Totally Disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Treatment reports provided from 07/17/14 to 11/03/14 discuss the patient's right shoulder. The 12/01/14 QME report by Dr. ■. states an opinion on the etiology of the headaches was deferred pending psychological evaluation. Dr. ■. cites a 10/27/14 report by Dr. ■., MD, stating the patient should be seen by an internist or neurologist to determine stress related vs. physical complaints. Dr. ■. states, "...in regard to the patient's underlying problems of headaches and vision changes, I now agree that the patient should be seen by neurology QME". In this case, the treater does not discuss this request; however, the need for referral to a neurologist is documented in the QME report provided and may be help the physician with an appropriate course of care. The request is medically necessary.