

Case Number:	CM15-0130357		
Date Assigned:	07/22/2015	Date of Injury:	01/12/2015
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old male, who sustained an industrial injury on January 12, 2015. The injured worker reported fall off a truck resulting in numerous injuries including a traumatic brain injury, intracranial hemorrhage, subdural hematoma, fractures and shoulder pain. The injured worker was diagnosed as having traumatic brain injury, cervogenic headaches, cognitive dysfunction, right shoulder impingement and rotator cuff tear, depression, balance deficit, cervical degenerative disc disease (DDD), double vision and growth hormone deficiency. Treatment to date has included extended hospitalization, medication, therapy, CAT scan and magnetic resonance imaging (MRI). A progress note dated May 13, 2015 provides the injured worker complains of shoulder pain, cognitive difficulty, fatigue, neck pain, nasal drainage, tinnitus symptoms, sleep disruption, irritability, disorientation and headaches. Physical exam notes little change from previous visit with conjugate gaze, tenderness on palpation of 4th and 5th flexor tendons and positive Hawkin's and Neer's test on the right. There is tenderness on palpation of the bicipital groove. His affect is blunted. A consultation dated May 22, 2015 notes blood work from March 2015 and requests labs to rule out growth hormone deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

One laboratory tests including igf-1, testosterone level, LH, chem 12 and growth hormone stimulation test, as outpatient, related to traumatic brain injury: 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 Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 54 year old male with an injury on 01/12/2015. He fell off a truck and had head trauma, shoulder pain and fractures. He has cognitive dysfunction. In a note dated 06/10/2015 it was already revealed that he had been worked up and had growth hormone deficiency. This was repeated on 06/25/2015. The IGF-1 was 89. Testosterone was 370. With stimulation there was no increase in growth hormone. He had multiple chem 12 testing during the initial injury. Repeat Growth hormone and Testosterone testing is not medically necessary.