

Case Number:	CM15-0140912		
Date Assigned:	07/30/2015	Date of Injury:	09/09/2010
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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, Pain Management, Occupational Medicine

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 48-year-old male, who sustained an industrial injury on 9-9-2010. The medical records submitted for this review did not include the details regarding the initial injury and prior treatments to date. Diagnoses include sprain of shoulder and arm, sprain of the neck, and sprain of the knee and leg. Currently, he complained of ongoing pain in the shoulders, ankles, and the low back. On 4-30-15, the physical examination documented tenderness to the right shoulder with decreased range of motion and decreased strength. The plan of care included requests to authorize neurocognitive testing and an internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurocognitive Testing, Qty 1: 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-Neuropsychological testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neurocognitive Testing.

Decision rationale: The accompanying contains no medical records explaining the request for neurocognitive testing. There are specific indications provided for neurocognitive testing such as minor head injury, etc. These diagnoses are not present. It is not possible to apply guidelines to this request. Therefore, this request for neurocognitive testing is not medically necessary. The QME reportedly requested this test but there is no explanation provided as to why.

Internal Medicine Consultation Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: ACOEM states that consultation as an option to assist with diagnosis, treatment or prognosis. The medical records do not explain why an additional internal medicine consultation is needed. This request for consultation does not adhere to MTUS 2009 and is not medically necessary.