MAXIMUS Federal Services

Case Number:	CM15-0142163		
Date Assigned:	08/03/2015	Date of Injury:	04/22/2015
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 66 year old male, who sustained an industrial injury on 4-22-2015. He reported right sided pain after falling from a ladder; he also hit his head and lost consciousness. He was hospitalized for six days. Diagnoses have included cervical musculoligamentous sprain-strain with right upper extremity radiculitis, thoracic musculoligamentous sprain-strain, lumbar musculoligamentous sprain-strain with right lower extremity radiculitis, right elbow sprain-strain, right wrist sprain, right knee sprain-strain, history of closed head trauma with loss of consciousness and history of multiple right rib fractures. Treatment to date has included treatment at an inpatient rehabilitation facility, physical therapy and medication. According to the Doctor's First Report of Occupational Injury or Illness dated 6-22-2015, the injured worker complained of neck pain radiating to the right arm, extending to the head. He complained of mid and low back pain with pain radiating to the bilateral legs and tailbone. He complained of bilateral shoulder pain, right elbow pain and right wrist-hand pain. He complained of rib cage pain and right knee pain. He also complained of headaches, stress, anxiety, depression and sleep difficulties. Exam of the cervical, lumbar and thoracic spines revealed mild tenderness to palpation with muscle spasm. There was tenderness to palpation over the bilateral shoulders, right elbow and right wrist-hand. Sensation to pinprick and light touch in the right upper extremity and left lower extremity were decreased in a patchy pattern. Authorization was requested for a neurological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 neurological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 166, 171, 196, 289.

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: Pursuant to the ACOEM, one neurological consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses according to the treating orthopedic provider include cervical, thoracic and lumbar musculoligamentous sprain strain; bilateral shoulder sprain strain with right shoulder surgery including distal clavicle resection; right elbow sprain strain; right wrist sprain; right knee sprain strain; history closed head trauma with loss of consciousness and probable posttraumatic headaches; and multiple right rib fractures. The date of injury is April 22, 2015. Request for authorization is June 22, 2015. According to a June 22, 2015 new patient encounter, the injured worker fell 8 - 9 feet with head trauma and loss of consciousness. The injured worker was seen in the emergency department, had a negative CAT scan brain and was admitted to the hospital. Hospital-based diagnoses include right clavicle fracture, hematoma of neck, multiple rib fractures T3 - T9, diabetes mellitus, head trauma, alcohol abuse, and hypoxemia and sepsis. Upon discharge from the hospital, the patient was in a rehab facility for one month. According to a progress note (orthopedic treating provider) dated June 22, 2015, subjective complaints included neck pain, mid and low back pain, bilateral shoulder pain, right elbow pain, right wrist and hand pain; rib cage pain, right knee pain, headaches, stress anxiety depression and sleep difficulties; and stomach upset with bloating and constipation. Objectively, there was tenderness to palpation of the cervical spine, thoracic spine, lumbar spine. There was tenderness over the shoulder subacromial region, right elbow, right wrist and hand. Neurologically there were no gross motor or sensory abnormalities. Reflexes were normal bilaterally. The injured worker ambulates with a limp favoring the right lower extremity and uses a single point cane. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management. The treatment provider's documentation does not indicate whether medical records were reviewed from the lengthy hospitalization and rehabilitation stay. It would appear based on head trauma and loss of consciousness that the injured worker would have been seen and evaluated in the hospital by a neurologist. The treating provider did not document whether or not medical records were reviewed or whether a neurologist saw the injured worker. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, a neurological consultation is not medically necessary.