

Case Number:	CM15-0190756		
Date Assigned:	10/02/2015	Date of Injury:	01/12/2015
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 1-12-2015. A review of medical records indicates the injured worker is being treated for multitrauma due to fall from a truck resulting in traumatic brain injury, posttraumatic headaches, vestibular dysfunction, right shoulder impingement, right rotator cuff tear, left wrist pain, and double vision. Medical records dated 8-25-2015 noted cognitive dysfunction, some emotional lability, left hand pain, right shoulder pain, right neck pain, and right posterior headaches. Right shoulder pain was rated a 5 out 10. Pain was noted as slightly improved and was has improved with continued therapies. There were some problems with cognitive dysfunction and distractibility. Physical examination noted nodularity consistent with left fourth and fifth digits of the left hand in the medial palm region, but was less in size and was non-tender at the time with palpation. There was minimal pain with palpation of the left medial volar wrist. Speech was clear and thought process was linear and goal directed. Treatment has included TLC program, physical therapy, occupational therapy, speech therapy, and neuropsychology. Utilization review form dated 9-3-2015 noncertified 1 follow up visit regarding possible periodic limb movement as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with Neurologist regarding possible periodic limb movement as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s):
General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the medical records submitted for review, it was noted that a neurology follow up was recommended for possible periodic limb movement during the injured worker's sleep. Sleep study was completed and was positive for obstructive sleep apnea. There was no reference to possible periodic limb movement in sleep. Treatment for restless leg syndrome does not require specialty neurology consult for treatment. As such, the request is not medically necessary.