

Case Number:	CM15-0201304		
Date Assigned:	10/16/2015	Date of Injury:	06/23/2014
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 61 year old male who sustained an industrial injury on June 23, 2014. The worker is being treated for: right shoulder injury status post-surgical intervention with continued pain, status post fall with head injury. Subjective: September 15, 2015 right shoulder pain. Objective: September 15, 2015 "continues to make slow and steady progress." Experiencing limitations to range of motion; diagnostic testing: MRI right shoulder May 08, 2015, EMG nerve conduction study April 30, 2015, CT of chest August 07, 2015. Treatment modalities: diagnostic and operative arthroscopy July 24, 2015, physical therapy session, rest, ice application, anti-inflammatories, and analgesia, injections. On September 18, 2015 a request was made for evaluation and treatment by neurologist, outpatient which was non-certified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with a neurologist as an outpatient: 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 Examination and Consultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The medical records report fall with "head injury" but does not indicate specific neurologic symptoms such as motor loss, and sensory loss in the setting. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. However, the medical records do not specify what neurologic symptoms are present in support of such referral. As such Neurologic consultation is not supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings.