

Case Number:	CM15-0086614		
Date Assigned:	05/08/2015	Date of Injury:	11/06/2009
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 67 year old male, who sustained an industrial injury on November 6, 2009. He reported dizziness, blurred vision, memory loss, seizure and right sided weakness and pain. The injured worker was diagnosed as having obstruction of the airway with sleep, status post probable hypertensive intracerebral hemorrhage with subsequent evacuation and residual memory impairment and right sided hemiparesis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the brain, physical therapy, speech therapy, medications and work restrictions. Currently, the injured worker complains of continued dizziness, blurred vision, memory loss, seizure and right sided weakness and pain. He also reported depression and weight loss. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He reported a bad headache, a seizure and loss of consciousness. He reported waking up in a hospital with right sided weakness, memory loss and blurred vision. He required surgical intervention of the brain following a cerebrovascular accident. He was treated conservatively and surgically without complete resolution of the pain or symptoms. Magnetic resonance imaging of the knee in April 2014, revealed degenerative changes with no evidence of meniscal tear. Evaluation on May 14, 2014, revealed continued pain on the right side with residual weakness and associated symptoms as noted. Diagnostic studies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs - DM, HTN, GI and Urinalysis Profiles: 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 www.UpToDate.com.

Decision rationale: This 67 year old male has complained of dizziness, blurry vision and right sided weakness since date of injury 11/6/09. He has been treated with surgery, medications, physical therapy and speech therapy. The current request is for Labs - DM, HTN, GI and Urinalysis Profiles. The available medical records do not document provider rationale/reasoning for the above request. Additionally, specific labs are not listed in the request. On the basis of the available medical documentation and per the reference cited above, Labs - DM, HTN, GI and Urinalysis Profiles are not indicated as medically necessary.

Ophthalmology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM Practice guidelines (second edition) chapter 7, page 127 regarding Independent medical examinations and consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 67 year old male has complained of dizziness, blurry vision and right sided weakness since date of injury 11/6/09. He has been treated with surgery, medications, physical therapy and speech therapy. The current request is for Ophthalmology consultation. The available medical records do not document provider rationale/reasoning for obtaining an ophthalmology consultation. On the basis of the available medical documentation and per the reference cited above, the request for an ophthalmology consultation is not indicated as medically necessary.

Autonomic Nervous System testing - (including Sudoscan and Cardio-respiratory testing): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 67 year old male has complained of dizziness, blurry vision and right sided weakness since date of injury 11/6/09. He has been treated with surgery, medications, physical therapy and speech therapy. The current request is for Autonomic Nervous System testing. The available medical records do not document provider rationale/reasoning for obtaining autonomic nervous system testing. On the basis of the available medical documentation and per the reference cited above, the request for autonomic nervous system testing is not indicated as medically necessary.