

<b>Case Number:</b>	CM14-0121705		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 claimant is a 61 year-old male (██████████) with a date of injury of 12/3/12. The claimant sustained injuries to his head, right shoulder, right periscapular, right knee, and low back as the result of a fall while working for ██████████. In his "Agreed Panel Qualified Medical Evaluation in Neurology" dated 8/11/14, ██████████ offered the following assessment: (1) Status post closed-head trauma with concussion and chronic post-traumatic migraine headaches. Rule out labyrinthine injury, with history of vertigo and two syncopal episodes in 2013, deferred to ENT; (2) Cervical and lumbar myoligamentous strains; (3) Right shoulder injury with internal derangement, status post-op extensive debridement of rotator cuff and superior labrum, anterior and posterior II labral tear with arthroscopic subacromial decompression with resection of coracoclavicular ligament, partial claviclectomy and acromionectomy, complete repair of rotator cuff using Arthrez PEEK suture anchors, with extensive lysis of adhesions of subacromial space with insertion of pain pump March 29, 2013 by ██████████; (4) Right knee injury with medial meniscus tear, status post-op arthroscopy of the right knee with partial medial meniscectomy, posterior horn tear, October 12, 2013 by ██████████; (5) Bilateral carpal tunnel syndrome, per EMG and nerve conduction studies today, symptomatic on the right; (6) Onset and maintenance insomnia, pain related; and (7) Consequential anxiety and depression. The claimant has been treated with medications, physical therapy, chiropractic, and surgery. It does not appear that he has participated nor been evaluated for any neuropsychological services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychological Testing:** 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 Official Disability Guidelines (ODG) Head Chapter

**Decision rationale:** Based on the medical records, the claimant not only continues to experience residual symptoms of his orthopedic injuries, but also continues to demonstrate cognitive deficits as well as headaches related to his work-related closed head injury. In his "Agreed Panel Qualified Medical Evaluation in Neurology" dated 8/11/14, [REDACTED] indicated that "the patient would benefit from an evaluation at a brain treatment center such as the [REDACTED] Treatment Program." He further indicated that the "patient should have neuropsychological assessment to better identify the areas of cognitive deficits with recommendations for appropriate treatment." The request for a neuropsychological evaluation/testing is appropriate however, within the submitted records is a Certification Notice dated 4/22/14, in which a "Brain Evaluation" at [REDACTED] Brain Evaluation was authorized by [REDACTED]. It is unclear whether this evaluation was completed as there are neither medical records nor subsequent mention of completion of it within the records submitted for review. If it has not been completed, it is unclear as to why it has not previously been scheduled. The claimant is a candidate for evaluation, but has already received authorization to complete a neuropsychological evaluation. As a result, the current request for "Neuropsychological Testing" is not medically necessary.