

<b>Case Number:</b>	CM14-0137499		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Board Certified in Family Medicine 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 injured worker is a 41 year old male who sustained injuries to his bilateral shoulders and right knee on 05/19/12 while standing on some scaffolding that collapsed. He fell approximately 20-25 feet to the ground below. He tried to brace his fall with his hands, but struck the right side of his head on the pavement followed by his chest and the rest of his body. He noticed pain throughout his body and experienced shortness of breath. The injured worker was taken by ambulance to a nearby hospital where he was examined and plain radiographs revealed broken ribs on the right with a sustained right pneumothorax. The injured worker also sustained fractures to the right hand and right clavicle. Treatment to date has included MRI scans of the right shoulder, bilateral knees, thoracic spine/lumbar spine, and bilateral ankles. He also underwent EMG of the bilateral upper extremities/lower extremities and was referred for psychological evaluation. Initial orthopedic examination dated 07/01/14 reported that the injured worker continued to complain of continuous, sharp, aching pain in the left knee. He experienced shocking sensations, and buckling and weakness of the knee which caused him to lose balance. There was clicking, cracking, and popping in the knee. Pain was aggravated by sitting, standing, and walking over five to ten minutes, and flexion/extension of the knee, ascending and descending stairs/steps/ladders, arising from sitting position, twisting, or torquing the knee. He was unable to kneel, squat, crawl, jog, or hop due to pain. The injured worker had difficulty sleeping because of knee pain and it awakened him during the night. The injured worker was recommended for surgical intervention of the left knee. No information was provided in the most recent clinical note indicating any pathology of bilateral shoulders or right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Evaluation (left/right shoulder, right knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation CA DWC ACOEM 2004 OMPG, Independent Medical Examinations and Consultations ; Ch 7CA MTUS ACOEM Guidelines; page 56

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder chapter, Office visits

**Decision rationale:** The request for neurology evaluation (left/right shoulder, right knee) is not medically necessary. Previous request was denied on the basis that in this case, physical examination did not establish subjective complaints or objective evidence of any neurological deficits in the shoulders or right knee. Therefore, neurological evaluation was not supported in this setting and not deemed as medically appropriate. The Official Disability Guidelines state that need for clinical office visit with healthcare provider is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgement. Most recent physical examination was targeted specifically for the left knee complaints. There was no recent clinical information provided indicating the status of the bilateral shoulder or right knee complaints. Given this, the request for neurology evaluation (left/right shoulder, right knee) is not indicated as medically necessary.