

Case Number:	CM14-0167816		
Date Assigned:	10/15/2014	Date of Injury:	08/07/2014
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/12/2014

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 Orthopedic Surgery 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 35-year old gentleman with a documented date of injury on 08/07/14. The medical records provided for review documented that the claimant fell fifteen feet from a ladder and sustained injuries to his head, neck and right shoulder. The initial neurosurgical consultation as inpatient and imaging, including CT scans of the brain showed no evidence of cerebral hemorrhage. The report of an MRI of the cervical spine showed multilevel disc protrusions but no cord compression. An MRI scan of the right shoulder from early September, 2014, did not reveal any rotator cuff pathology. The clinical assessment dated 09/18/14 did not document any "neuropsychological" complaints. The claimant was seen for a follow-up of head contusion and neck. Physical examination findings were focused on the claimant's right shoulder for which orthopedic referral was recommended. The claimant's cervical spine showed a mildly restricted range of motion with positive facet loading, diffuse tenderness to musculoskeletal palpation and no neurologic findings. There were recommendations for continuation of formal physical therapy for strengthening, a request for physical medicine and rehabilitation referral and a neuropsychological referral. The claimant has not yet seen the Orthopaedic physician for shoulder assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PM (Physical Medicine) revaluation and Treatment: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for consultation by a physical medicine rehabilitation standpoint would not be indicated. At this point in time the claimant is still undergoing conservative care in the form of physical therapy as well as orthopedic assessment of shoulder and neck related complaints. There is no documentation of the definitive treatment plan for the neck and shoulder. Without orthopedic input, there would be no clear clinical indication for physical medicine and rehabilitative consultation at present. While this may ultimately be necessary in this individual's course of care, its use at present without documentation of clinical treatment plan in regards to the claimant's underlying orthopedic complaints would not be supported. Therefore, the request for PM (Physical Medicine) reevaluation and Treatment is not medically necessary and appropriate.

Neuropsych Evaluation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The California ACOEM Guidelines also would not support referral from a neuropsychologic standpoint. The medical records do not provide any documentation of a clinical history of psychological diagnosis or subjective complaints. The claimant is already under the care of a neurologist following head contusion and injury. The specific request for a "neuropsych" referral with lack of documentation of clinical psychologic findings would fail to be supported at present. Therefore, the request for Neuropsych Evaluation is not medically necessary and appropriate.