

Case Number:	CM14-0173750		
Date Assigned:	10/31/2014	Date of Injury:	07/12/2013
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 64 year-old female with the date of injury of 07/12/2013. The patient presents with pain in her neck and shoulders bilaterally, from a falling accident. The patient reports having intermittent, dull and achy headaches and tingling or numbing sensations in her left forearm and left thumb. The patient presents limited range of cervical or left shoulder motion. There is tenderness to palpation over the thoracic paravertebral muscles. The patient is not working. According to [REDACTED] report on 09/25/2014, diagnostic impressions are; 1) Accidental fall on same level from slipping tripping or stumbling 2) Cervical sprain/ strain 3) Cervical dis protrusion 4) Thoracic sprain/ strain 5) S/p left shoulder surgery on 03/18/2014 6) Right inguinal sprain, no hernia per right inguinal ultrasound 7) History of skin rash after left shoulder surgery The utilization review determination being challenged is dated on 10/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/02/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examination and Consultations, Chapter 7, page 127

Decision rationale: The patient presents with pain and weakness in her neck and shoulders. The patient is s/p left shoulder surgery on 03/18/2014. The request is for neurologist consultation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the provider does not explain why the patient needs neurologist consultation. There are no neurologic condition documented. Neurologists do not address shoulder problems. However, the patient has headaches and radiating pain down the arm with neck pain. The provider may be referring the patient for these problems. Recommendation is medically necessary.