

<b>Case Number:</b>	CM15-0097207		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male, who sustained an industrial injury on 12/24/2013. He reported a slip and fall, hitting his shoulder against a wall. The injured worker was diagnosed as having pain in joint, shoulder region and enthesopathy of elbow, unspecified. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of right shoulder pain, with numbness from his shoulder to his fingers, along the course of the ulnar nerve. Exam of the shoulder noted decreased range of motion, tenderness about the anterior acromion and greater tuberosity, positive impingement sign, and positive O'Brien test. He was currently not working. His pain was not rated and medication use was not described. The treatment plan included electromyogram and nerve conduction studies of the right upper extremity. The rationale for a request with a neurologist, regarding the right shoulder complaints, was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

**Decision rationale:** Review indicates EMG/NCV of the right upper extremity was authorized. Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a neurology consultation for uncomplicated complaints of shoulder pain. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Submitted reports have not demonstrated clear specific change in clinical findings or deterioration of neurological deficits to support for neurology consult with ongoing diagnostic requests pending. The Neurologist Consultation is not medically necessary and appropriate.