

Case Number:	CM13-0036929		
Date Assigned:	12/13/2013	Date of Injury:	06/17/2007
Decision Date:	02/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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 physician 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 40-year-old male who reported a work related injury on 6/17/07 as the result of a motor vehicle accident. Recently, the patient sustained significant injury status post another motor vehicle accident on 10/13/13, which caused a fracture to the patient's left clavicle, as well as a shoulder displacement. The clinical note dated 11/14/13 reported that the patient was seen under the care of [REDACTED], [REDACTED]. The provider documented the patient was 2 weeks status post open reduction, internal fixation of the left clavicle. The patient has a history of prior chronic injury to include pains to the lumbar spine, bilateral knees, and bilateral shoulders. The provider documented that the patient was rendered a preoperative prescription for Oxycodone 20mg IR (up to 6 a day) which the provider documented would continue over the next month and then begin tapering of this medication postoperatively for the patient. Additionally, the patient utilizes Soma 350mg at bedtime, and Advil as needed. The provider recommended seeing the patient in clinic in 2 months. The provider documented other treating diagnoses include chronic pain syndrome, lumbar degenerative disc disease, lumbar annular fissure, and lumbar radiculitis and chronic knee pain. The patient reports his pain is at a 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

monthly follow-up visits for the first three months of care until the patient is stable:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The clinical documentation submitted for review reports that the patient sustained injuries to the bilateral shoulders and bilateral knees as the result of a motor vehicle accident sustained in 2007, as well as another significant injury as the result of a motor vehicle accident sustained in October of 2013. The clinical notes document the patient underwent an open reduction, internal fixation of the left clavicle. The patient is utilizing high doses of Oxycodone for his pain complaints. The current request for monthly follow-up visits for the first 3 months of care postoperatively, specifically, is supported for this patient to assess surgical wound site for infection and healing, as well as to monitor the patient's medication utilization. The California MTUS/ACOEM indicates the goal of an evaluation is in fact functional recovery and return to work. Given that the patient has undergone an open reduction, internal fixation of the left clavicle which requires assessment, and monitoring of the patient's pain and the surgical wound site, the request for monthly follow-up visits for the first 3 months of care until the patient is stable is medically necessary and appropriate.

follow-up visit every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: While reassessment of the patient's condition and pain postoperative to an open reduction, internal fixation of the left clavicle may need to be rendered, a decision for follow-up visits every 3 months is too vague of a request. If the patient's pain and clinical picture are stable, reassessment at the time of postoperative discharge from acute provider care, with reassessment of frequency for follow-up visits with the provider would be indicated. The California MTUS/ACOEM Guidelines indicate the goal of such an evaluation is in fact functional recovery and return to work. Given all of the above, the request for follow-up visit every 3 months is not medically necessary or appropriate.