

Case Number:	CM13-0057273		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2007
Decision Date:	07/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Medicine 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 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 49-year-old female who reported an injury on 03/07/2007. The mechanism of injury was not specifically stated. The current diagnoses include bilateral trapezial shoulder sprain with impingement syndrome, lateral epicondylitis of the right elbow, and overuse syndrome with synovitis and tenosynovitis of the upper extremities. The injured worker was evaluated on 01/27/2014. The injured worker reported persistent neck and shoulder pain with activity limitation, sleep difficulty, numbness, and tingling. A physical examination revealed twenty (20) degree flexion and extension of the cervical spine, tenderness to palpation with spasm, one hundred and seventy (170) degree flexion and abduction of bilateral shoulders, tenderness to palpation, fifty-five (55) degree flexion and extension of bilateral wrists, and tenderness to palpation. Treatment recommendations at that time included a follow-up evaluation with [REDACTED], a spinal surgeon, as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FOLLOW-UP APPOINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The MTUS/ACOEM Guidelines indicate that follow-up visits generally occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, there is no evidence of a specific treatment plan or a course of care under the direction of [REDACTED] that would warrant the need for a follow-up visit. The injured worker's physical examination of the cervical spine only revealed twenty (20) degree flexion and extension with tenderness to palpation and spasm. As the medical necessity for the requested service has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.