MAXIMUS Federal Services

Case Number:	CM13-0058186		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2005
Decision Date:	04/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice 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 patient is a 59 year-old male who reported an injury on 07/15/2005. The mechanism of injury was not provided in the medical records. The patient has a history of status post anterior and posterior cervical fusion, bilateral shoulder impingement syndrome, lumbar disc herniation with radiculitis/radiculopathy, and internal derangement of the left knee. The 11/04/2013 clinic note reported a complaint of continued pain in the left shoulder, left wrist, left hand, cervical spine, left knee, left hip, and low back. Objective findings included tenderness to palpation over the cervical paraspinal musculature with restricted and painful range of motion. The note also indicated restricted, painful range of motion to the shoulders bilaterally with positive impingement test. The note stated the patient was getting ready for cystoscopy and that he needed home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP VISIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: Official Disability Guidelines state office visits are medically necessary based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation submitted stated the patient's complaints and limited objective findings; however, did not provide evidence of past or future treatments. The documentation did not provide a clear picture of the patient's condition or plan of treatment and, therefore, does not support the need for the office visit. As such, the request is non-certified.