MAXIMUS Federal Services

Case Number:	CM14-0004924		
Date Assigned:	01/24/2014	Date of Injury:	06/10/2009
Decision Date:	06/10/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Medician and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

This 64-year-old male sustained an industrial injury on June 10, 2009. The mechanism of injury occurred when he was rolling plastic with a machine when his shirt sleeve on the right side got stuck, pulling the arm into the machine. His diagnoses included full-thickness tear of the rotator cuff of the bilateral shoulders, bursitis, and impingement with right acromioclavicular (AC) joint symptomatology. There is a request for ongoing follow-ups for pain management. An MRI of the right shoulder dated January 27, 2013, showed evidence of a full-thickness tear and tendinitis of the supraspinatus tendon, and synovitis of the tendon sheath of the long head of the biceps. A July 15, 2013 NCS/EMG revealed that there was a bilateral median neuropathy at wrist (carpal tunnel syndrome). This is affecting sensory and motor components: This is consistent with mild-to-moderate carpal tunnel syndrome. The electrodiagnostic study reveals a left S1 radiculopathy. There is a December 9, 2013 office visit by a spine surgeon that states that the patient has continued pain 7-8/10 in the cervical and lumbar spine, radicular symptoms in the arms and legs and a rash. On physical exam there is tenderness at the spine, a positive straight leg raise test, and rash at upper extremities and face. There is a positive Phalen .The treatment requested included Benadryl 25 mg, pain management follow and orthopedic follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING FOLLOW-UPS PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) -Office Visits.

Decision rationale: Ongoing follow-ups with pain management is not medically necessary as written per the Chronic Pain Medical Treatment Guidelines and the ODG guidelines. The Chronic Pain Medical Treatment Guidelines states that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) should be encouraged. The ODG also states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment as well as what medications the patient is taking. The ODG furthermore states that as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The request for ongoing follow ups as written is not medically necessary. Without indication of the need for ongoing follow ups an indefinite number of visits as written by the request "ongoing follow ups" cannot be certified. While it is not unreasonable for the patient to follow up with a pain management specialist a certification of indefinite ongoing follow ups would not be medically necessary and continued follow up and any possible intervention would depend on the patient's needs and condition over time. The request for ongoing follow-ups with pain management is not medically necessary or appropriate.