

Case Number:	CM14-0006127		
Date Assigned:	02/05/2014	Date of Injury:	09/26/2007
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
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 Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 33 year-old male with a 9/26/2007 industrial injury claim. He has been diagnosed with pain in the right arm; pain in the shoulder; right lateral epicondylitis; depression and chronic pain complaints. The IMR application shows a dispute with the 12/9/13 UR decision for ongoing follow-up visits with The physician every 4-6 months. The UR letter was based on a 12/2/13 request by The physician . The 12/2/13 report from The physician was not provided for this IMR. The single medical report from The physician (orthopedic surgery) provided for this IMR is dated 11/19/13. The physician states the patient presents with issues involving his right elbow, forearm, hand, shoulder and psych issues. The physician prescribed Naproxen, omeprazole, zolpidem; Vicodin and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING FOLLOW-UP VISITS WITH THE DOCTOR EVERY 4-6 MONTHS FOR EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207.

Decision rationale: The patient presents with issues involving his right elbow, forearm, hand, shoulder and psych issues. The physician prescribed Naproxen, omeprazole, zolpidem; Vicodin and tramadol. I have been asked to review for follow-up visits every 4-6 months. The physician has prescribed the pain medication. MTUS/ACOEM guidelines for the shoulder state follow-up visits can be every 7-14 days, and the MTUS guidelines for use of opioids, states there is no set frequency of visits, and it could range from 1 to 6 months. The request for follow-up ever 4-6 months for medication management is in accordance with MTUS guidelines.