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| Case Number: | CM14-0009941 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/04/2011 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Occupational Medicine, 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 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:

This is a 45-year-old female with an 8/4/11 date of injury. The patient was seen on 12/30/13 with ongoing right shoulder pain. Exam findings revealed tenderness, spasm, and limited range of motion, the diagnosis was right shoulder and right wrist sprain. The patient was noted to have a urine drug screen on 11/25/13, and was noted to be on Proteolin and topoprophan for sleep, Cetrizine for allergies, and Venlafaxine for depression. His urine drug screen, was compliant with the patient's medications. The patient was not known to be on any narcotics at the time of the request. Treatment to date has included medication, activity modification, psychotherapy. There is documentation of a previous 1/9/14 adverse determination because an associated request for a UDS was also not deemed necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP OFFICE VISIT: Upheld

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

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

Decision rationale: The California MTUS does not address this issue. The ODG indicates that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. However, there is no specific evidence of interventions or studies that would require a follow-up visit. The injured worker was seen frequently over the past years, and there is no recent change or progression in objective findings. It is unclear how the injured worker's treatment plan would be altered depending on findings on a follow-up visit. An associated request for UDS was not medically necessary. Therefore, the request for a Follow-up Office Visit is also not medically necessary.