

<b>Case Number:</b>	CM14-0109533		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 54-year-old female who reported an injury on 08/23/2007, the mechanism of injury was not provided. On 06/03/2014, the injured worker presented with pain in the neck, right shoulder, arm, right elbow, forearm, right wrist, hand, left shoulder, and upper back. On examination, there was no loss of bowel or bladder control. The physical examination revealed sensation to the right lateral shoulder, right index fingertip, right small tip, as well as right dorsal thumb web. The diagnoses included cervical spine disc bulges, thoracic spine strain, status post right shoulder surgery and left shoulder surgery, status post right elbow strain, right carpal tunnel syndrome, and other problems unrelated to the current evaluation. Prior treatment included psychiatric care, medication, acupuncture therapy, and orthopedic and urology consultations. The provider recommended a urology followup. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urology Follow-up 99213 after IW is diagnosed with cervical spine disc bulges, thoracic spine strain, and right carpal tunnel syndrome. IW is s/p right shoulder surgery on 08/11/12, and s/p left shoulder surgery on 02/08/12.: 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, Office Visit.

**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 Visit.

**Decision rationale:** The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best outcomes are achieved with the eventual independence from the healthcare system through self-care as soon as clinically feasible. The provider's rationale for a urology follow-up was not provided. There is no documentation provided to support the medical necessity of a urology follow-up. Additionally, there is lack of evidence on how a urology follow up would aid in an evolving treatment plan for the injured worker. As such, the request is not medically necessary and appropriate.