

Case Number:	CM14-0130022		
Date Assigned:	09/22/2014	Date of Injury:	05/03/2010
Decision Date:	10/31/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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 and is licensed to practice in Georgia. 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 05/03/2010. The mechanism of injury was not provided. On 02/25/2014, the injured worker presented with pain to the neck and shoulders which radiates down the bilateral arms. The diagnoses were cervical arthrosis radiculopathy, left shoulder impingement secondary to adhesive capsulitis, trapezial, paracervical and parascapular strain, bilateral forearm tendinitis, left carpal tunnel syndrome, NSAID induced gastritis, status post ASAD with postoperative stiffness, status post right carpal tunnel release, status post right trigger thumb release and rule out fibromyalgia. Upon examination of the upper extremities, there was decreased range of motion of the cervical spine with pain. There was moderate stiffness of the shoulders with pain and slight trapezial and paracervical tenderness. There was also diminished grip strength noted. Prior therapy included surgery, medications and a psychologic evaluation. The provider recommended a rheumatologic evaluation and treatment, the provider's rationale is not provided. The Request for Authorization form is 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:

Rheumatologic Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for a rheumatologic evaluation and treatment is not medically necessary. 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 patients 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 patient outcomes are achieved in eventual patient independence from the healthcare system through self care as soon as clinically feasible. The provider's rationale was not provided in the documents for review. Additionally, there is lack of documentation how a rheumatologic evaluation and treatment would have allowed the provider to evolve in her treatment plan or goals for the injured worker. As such, medical necessity has not been established.