

<b>Case Number:</b>	CM14-0133241		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 32 year old male was reportedly injured on 10/13/2013. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 8/1/2014. Claimant indicates that there are ongoing complaints of left shoulder pain, post-op. The physical examination demonstrated left shoulder: slight tenderness to palpation throughout the anterior aspect of the shoulder, forward flexion 150, external rotation 55, internal rotation to L3, range of motion is pain free. No evidence of laxity, elbow range of motion is full. No recent diagnostic studies are available for review. Previous treatment includes shoulder arthroscopy, physical therapy, medications, acupuncture, and conservative treatment. A request was made for six month follow up to assess medications, and was not certified in the preauthorization process on 8/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 monthly follow up office visits to assess medications:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Shoulder-Acute & Chronic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder. (Acute and Chronic). Office Visits. Updated 8/27/2014.

**Decision rationale:** Official Disability Guidelines (ODG) guidelines recommend office visits as determined to medically necessary. 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, and they should be encouraged. 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. After review medical records provided it is noted the injured worker has been referred to pain management and is on several medications including narcotic pain medications. The treating physician has recommended follow up in six months, however patients who are taking narcotic pain medications should be monitored more closely. Therefore this request is deemed not medically necessary.