MAXIMUS Federal Services

Case Number:	CM14-0186186		
Date Assigned:	11/14/2014	Date of Injury:	10/30/2010
Decision Date:	12/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management 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 63 years old male with an injury date on 10/30/2010. Based on the 09/09/2014 progress report provided by the treating physician, the diagnoses are:1. Probable cervical spine myelopathy2. Thoracic spine strain3. Lumbar spine disc rupture4. Right shoulder strain5. Left shoulder strain6. Right elbow cubital tunnel syndrome7. Left elbow cubital tunnel syndrome8. Right carpal tunnel syndrome9. Left carpal tunnel syndrome10. Right hip strain11. Left hip strain12. Right knee strain13. Left knee strain14. Right ankle /foot strain15. Left ankle/foot strain16. Other problems unrelated to current evaluation.According to this report, the patient complains of pain at the neck, upper back, lower back, and bilateral upper /lower extremities. Patient "uses walker, walker is functional. Physical exam findings were not included in the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/29/2014. The requesting provider provided treatment reports from 03/18/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit with [redacted] - Orthopedist: 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), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Follow-up office visit.

Decision rationale: According to the 09/09/2014 report, this patient presents with pain at the neck, upper back, lower back, and bilateral upper /lower extremities. The treating physician is requesting follow up office visit with [redacted] "once surgery is authorized."Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, review of reports does not show that the patient will have surgery soon. It is not known if surgery is authorized; therefore, the requested follow up office visit with Orthopedist is not recommended. The request is not medically necessary.