

<b>Case Number:</b>	CM14-0032997		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Physical Medicine & Rehabilitation 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 61 year old female who reported an injury on 05/05/2009 secondary to unknown mechanism of injury. The diagnoses included cervical and thoracic spine disc bulge, failed right shoulder surgery and left shoulder strain. The injured worker was evaluated on 12/04/2013 for referral request for dentist, endontist and gastrointestinal consultations. The exam noted tenderness to the cervical spine and light touch sensation to the left upper extremity was diminished. The treatment plan included referrals for dental, vascular, psychological, gastroenterology, pain management, neurosurgeon, internal medicine and orthopedic surgeon consultations. The request for authorization was not in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHE FOLLOW-UP VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The request for follow up visit is not medically necessary. The California MTUS/ACOEM Guidelines state follow-up visits may be determined by the severity of

symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. There is no evidence in the documentation provided that the injured worker has had any psychological signs or symptoms to warrant a referral for a psychological consultation. Therefore, based on the documentation provided, the request is not medically necessary.

**ORTHOPEDIST FOLLOW-UP VISIT ON THE BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7.

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

**Decision rationale:** The request orthopedist follow-up visit on the bilateral shoulders is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state 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 injured worker had a failed shoulder surgery. However, there is a lack of objective clinical evidence indicating a change in the injured worker's condition to warrant a follow up visit. Therefore, based on the documentation provided, the request is not medically necessary.

**PAIN MEDICINE FOLLOW UP VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation ACOEM CHAPTER 7.

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

**Decision rationale:** The request pain medicine follow-up visit is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state 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 injured worker had a failed shoulder surgery. However, there is a lack of objective clinical evidence indicating a change in the injured worker's condition or pain levels to warrant a follow up visit. Therefore, based on the documentation provided, the request is not medically necessary.