

Case Number:	CM14-0034321		
Date Assigned:	06/23/2014	Date of Injury:	06/16/2008
Decision Date:	08/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury on 06/16/2008. The mechanism of injury was not provided. On 01/07/2014, the injured worker presented with pain in the elbow. The diagnoses were pain in the joint involving forearm, carpal tunnel syndrome, myalgia and myositis unspecified, COAT, chronic pain syndrome, chronic pain due to trauma, and lateral epicondylitis. Upon examination, there was tenderness to palpation in the bilateral epicondyles. The MRI of the upper extremity dated 11/11/2011 noted moderately severe glenohumeral joint degenerative change with grade IV glenoid chondromalacia. The inferior labrum is indistinctly degeneratively torn and there is osteophyte formation with SLAP tear extending to the near 3 O'clock position. There was a high grade partial thickness infraspinatus tear up to 80% in depth and 1.6 cm in width. The provider recommended pain management office visits, 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:

Pain Management Office Visits, 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Guidelines.

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 request for pain management office visits, 12 visits, is not medically necessary. 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 health care 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 and necessity for an office visit requires individualized case review and assessment being ever mindful that the best patient outcomes are achieved with patient independence from the health care system through self care as soon as clinically feasible. The provider's request for 12 pain management office visits is excessive, and the provider provides no rationale for the number of visits being requested. Additionally, there is no time frame given in the provider's request for the office visits. As such, the request is not medically necessary.