

Case Number:	CM14-0049971		
Date Assigned:	06/23/2014	Date of Injury:	05/01/2009
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 53-year-old female who reported an injury on 09/01/2009. The mechanism of injury was not provided for clinical review. The diagnoses included postoperative left lateral epicondular release, left lateral epicondylitis, right shoulder and right arm pain, and right lateral epicondylitis. Previous treatments include MRI, medication, surgery, and acupuncture. Within the clinical note dated 05/13/2014, reported the injured worker complained of left elbow pain and left shoulder pain. The injured worker underwent a left elbow reconstructive arthroscopy on 11/08/2012. She rated her pain 4/10 in severity. Upon the physical examination of the left elbow, the provider noted a well healed 2 inch operative scar. The range of motion of the right shoulder: forward flexion at 160 degrees and extension at 20 degrees. The provider indicated the injured worker had positive point tenderness at the right lateral epicondyle. The provider requested a consult with [REDACTED], for the right shoulder. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED] for right shoulder: 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).

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: Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor 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. As patient conditions are extremely varied, a set number of 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 with eventual patient independence from the health care system through self care as soon as clinically feasible. The clinical documentation submitted failed to indicate the injured worker had been prescribed any significant medications including narcotics. There is a lack of significant objective findings indicating the injured worker's level of pain. The provider's rationale was not provided for clinical review. Therefore, the request for a consult with [REDACTED], for the right shoulder is not medically necessary.