

Case Number:	CM14-0205891		
Date Assigned:	12/17/2014	Date of Injury:	10/14/2003
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 54-year-old female who was injured on October 14, 2003. The patient continued to experience pain over her cervicothoracic and lumbar spine. Physical examination was notable for diffuse myofascial tenderness over the cervical paraspinal musculature, decreased range of motion of the cervical spine, tenderness over the medial epicondylar area, decreased sensation over the right thumb, medial right index finger and left fifth digit, decreased grip strength bilaterally, and atrophy over the hypothenar pads. Diagnoses included status post bilateral carpal tunnel release, status post bilateral ulnar nerve release and transposition, persistent neuropathic pain bilateral upper extremities, and cervicgia with myofascial pain and spasms. Treatment included medications, surgery, and physical therapy. Request for authorization for follow up orthopedic appointment was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up orthopedic appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 visits.

Decision rationale: Office visits are recommended as determined to be 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. As patient conditions are extremely varied, a set number of office 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. In this case the patient has established treatment plan and follow up with a pain management specialist. There is no documentation that an orthopedic surgical procedure is being considered for the patient. Follow up visits with 2 physicians is duplication of therapy and is not medically necessary. The request should not be authorized.