

<b>Case Number:</b>	CM14-0214387		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas  
Certification(s)/Specialty: Surgery

### 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 60-year-old male who reported an injury on 12/20/2013 due teaching skiing. On 11/05/2014, he presented for a followup evaluation regarding his left anterior rib pain. He reported that his rib continued to nag him and stated that the pain was a 2/10 but could go up to an 8/10 depending on what he does. He is reportedly taking ibuprofen which he said did help the pain but that it would come back easily. The pain is made worse by coughing, getting out of bed, sneezing, bending, twisting, and reaching over. A physical examination showed reproducible pain with palpation at the rib area located anteriorly on the left chest. It was recommended that he be seen by a separate physician to determine whether he could receive an injection. The treatment plan was for office visit for general surgery x4. The rationale for treatment was to assess the injured worker's rib pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Visit - General Surgery x 4:** 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) Pain, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that need for clinical office visit should be determined by a review of the injured worker's signs and symptoms, clinical stability, and reasonable physician judgement. Based on the documentation provided, the injured worker was noted to have pain in the left rib and was being referred to a separate physician to determine the need for an injection. However, the plan does not show mention of the need for a surgical intervention. Therefore, the request is unclear. Also, no imaging studies were provided for review to show that the injured worker may need surgery. Furthermore, the request for 4 general surgery office visits would not be supported as is excessive. Therefore, the request is not supported. As such, the request is not medically necessary.