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| Case Number: | CM14-0069755 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 08/17/2008 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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. 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old female, who sustained an industrial injury on 8/17/2008. The diagnoses have included left shoulder fracture status post surgery, left brachial plexopathy, left clavicular fracture and chronic pain syndrome. Treatment to date has included surgical intervention and medication. The injured worker underwent removal of painful hardware from left clavicle on 2/14/2014. According to the progress report dated 4/23/2014, the injured worker complained of chronic pain. She reported doing much better since recent surgery. The injured worker complained of left shoulder pain rated 5-6/10 that radiated into her left upper extremity. Current medications included Pristiq, Norco, hydroxyzine and Xanax. Physical exam revealed that the injured worker held the left arm very close to her body, but was able to do left shoulder abduction. The treatment plan was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT VISITS - ONCE A MONTH X 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, IME and Consultation, page 127.

Decision rationale: The patient is a 57 year old female with an injury on 08/17/2008. She had a left shoulder fracture and left clavicular fracture and had recent surgery. She is scheduled for physical therapy. She already has follow up by her surgeon and routine follow up for her injury. There is no documentation a reason for an additional special monthly follow up for medication management. Medication management is part of the routine office visit - evaluation and management. Medication management is not a specialty and does not meet MTUS, ACOEM medical necessity as stated in Chapter 7.