

Case Number:	CM15-0008375		
Date Assigned:	01/23/2015	Date of Injury:	07/29/2014
Decision Date:	04/10/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 injured worker is a male patient, who sustained an industrial injury on 07/29/2014. A orthopedic follow up office visit dated 12/22/2014 reported subjective complaints of neck, upper back and right shoulder/arm pain. The patient has not initiated any therapy yet; he wishes to undergo surgical intervention first. Physical examination found plus two tenderness to cervical spine, thoracic spine and right shoulder. Range of motion noted painful to the right shoulder. she is diagnosed with cervical spine strain, thoracic spine strain and right shoulder strain. On 01/08/2015 Utilization Review non-certified a request for a follow up orthopedic consultation, noting the ACOEM Medical examiantion/consultations was cited. The injured worker submitted an independent medcial reievew of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up With Orthopedics For Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC 2014 Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-12; chap. 7 pg 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits.

Decision rationale: Per ACOEM, the occupational health worker may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present or the course of care may benefit from additional expertise. Per ODG, the office visit would be recommended as determined to be medically necessary. Evaluation and management (E and 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 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. Per review of the clinical documentation, this appears to be a redundant request as patient did not have physician contact with [REDACTED], the orthopedist.