

Case Number:	CM15-0008512		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2012
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old male reported a work-related injury to the right abdomen/groin on 12/17/2012. According to the PR2 dated 1/19/15, the injured worker reported abdominal pain radiating to the right leg. Diagnoses include abdominal pain-site not otherwise specified, incisional hernia and inguinal neuropathy. Previous treatments include medications, physical therapy, activity modification and surgery. The treating provider requests a follow-up for date of service 1/19/15. The Utilization Review on 01/7/2015 modified the request for a follow-up for date of service 1/19/15, allowing a February appointment, citing clinical circumstances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up for date of service: 1/19/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 12/17/2012 and presents with abdominal pain which radiates to the right leg. The request is for a FOLLOW-UP FOR DOS 01/19/2015. The utilization review letter did not provide a rationale. The RFA is dated 12/30/2014 and the patient's work status is unknown. ACOEM Practice Guidelines second edition (2004) page 127 states the following, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient rates his pain as a 7/10. He has tried 10 sessions of physical therapy for pain relief. He states that medications are helping pain reduction. On palpation, skin has tenderness to superficial and deep palpation and there is localized tenderness at hyperesthesia of 2 cm around incision. The patient is diagnosed with abdominal pain, incisional hernia, and inguinal neuropathy. The reason for the request is not provided. It appears that the treating physician is concerned about the patient's abdominal pain. Given the patient's condition, the request for a follow-up appears reasonable. The requested follow-up visit IS medically necessary.