

Case Number:	CM15-0109947		
Date Assigned:	06/16/2015	Date of Injury:	02/04/2013
Decision Date:	07/28/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/06/2015

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, Indiana, New York
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 57 year old male, who sustained an industrial injury on 2/4/2013. He reported a pop in his right elbow and pain in the right shoulder, elbow and back. Diagnoses have included right shoulder impingement syndrome status post arthroscopy with residual adhesive capsulitis and myofascial pain, right elbow lateral epicondylitis status post lateral epicondyle release with residual myofascial pain and chronic pain syndrome. Treatment to date has included right shoulder and elbow surgery, physical therapy, cortisone injections and medication. According to the pain management consultation dated 5/12/2015, the injured worker complained of pain in the right shoulder and right elbow, both knees and back. Right shoulder pain was rated 6-8/10. Bilateral knee pain was rated 6-8/10. Back pain was rated 4-8/10. Current medications included Duexis and Endocet. The injured worker stated that he took Endocet occasionally for flare-ups of right shoulder and arm pain. Exam of the shoulder revealed swelling over the anterolateral upper arm and tenderness. Exam of the elbows and forearms revealed mild tenderness over the lateral epicondylar region on the right. Exam of the lumbar spine revealed painful, decreased range of motion. Authorization was requested for six monthly pain management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 monthly pain management visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Pursuant to the Official Disability Guidelines, 6 monthly pain management visits are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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 injured workers working diagnoses are right shoulder impingement syndrome status post arthroscopy with residual adhesive capsulitis and myofascial pain; right elbow lateral epicondylitis status both lateral and the condyle release with residual myofascial pain; and chronic pain syndrome. The injured worker had an initial pain management consultation on May 12, 2015. The injured worker has ongoing right shoulder pain, elbow pain, bilateral knee pain and back pain. The injured worker is status post two shoulder surgeries. Currently, the injured worker's medications include Duexis and Endocet (denied by the carrier). There is no clinical rationale for 6 monthly pain management visits. Determination of necessity for an office visit requires individual case review and reassessment. The individual review and assessment should take place prior to determining whether a follow-up office visit is, in fact, required. Consequently, absent a clinical indication and rationale for 6 monthly pain management visits, 6 monthly pain management visits are not medically necessary.