

<b>Case Number:</b>	CM15-0012300		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	08/03/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old female who sustained an industrial injury on 05/05/09. Initial complaints and diagnoses are not available. Treatments to date include shockwave therapy, physical therapy, right shoulder surgery, home exercise program, medications, cortisone injections, left carpal tunnel release, acupuncture, cervical traction, medications, and dental assessments and treatments. Diagnostic studies include multiple x-rays, and MRIS, as well as electrodiagnostic studies. Current complaints include pain in the neck, upper back and bilateral shoulders. Current diagnoses include cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. In a progress note dated 11/20/14 the treating provider reports the plan of care as continued medications, Sander pneumatic traction for the cervical spine, ultrasound conductive gel, physical therapy and chiropractic treatments to the cervical ad thoracic spin and bilateral shoulders, and consultations with an orthopedist, internal medicine, psyche, pain medicine, neurosurgeon, vascular surgeon, gastroenterologist, dentist, and dental specialist, as well as a motorized garage opener. The requested treatments include an office visit on 12/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit on 12/18/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examination and Consultation, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&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 certain 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." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The medical documentation provided indicate this patient is on medications that require re-evaluation for efficacy and side effects in order to warrant the continuation of the prescription therapy. As such, the request for office visit on 12/18/14 is medically necessary at this time.