

<b>Case Number:</b>	CM15-0131265		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 10/07/2010. The medical records submitted for this review did not include the details regarding the initial injury or a complete recollection of prior treatments to date. Diagnoses include cervical degenerative disc disease, status post left knee replacement 4/4/14, status post bilateral carpal tunnel release, status post left shoulder arthroscopy, status post right shoulder rotator cuff repair. Currently, she complained of left knee pain and lower extremity numbness and tingling. On 1/8/15, the physical examination documented decreased range of motion in bilateral knees. The plan of care included a follow up visit for symptoms related to the cervical spine, left knee, wrists and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Follow up visit for symptoms related to the cervical spine, left knee, wrists and left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Office Visits.

**Decision rationale:** The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are 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. This request is for follow-up visit for the cervical spine, knee, wrist and shoulder. The injured worker continues to complain of pain related to the knee, cervical spine, wrist and shoulder, therefore, the request for 1 follow up visit for symptoms related to the cervical spine, left knee, wrists and left shoulders is determined to be medically necessary.