

<b>Case Number:</b>	CM15-0136676		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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 32 year old male who sustained an industrial injury on 8-31-13. Diagnoses are head trauma secondary to a 10 foot fall, status post open reduction and internal fixation left forearm 5-5-14, status post open reduction and internal fixation right wrist -with residuals, status post right shoulder arthroscopy with decompression of the right shoulder 9-26-14, internal derangement right knee-per MRI, and hypertension-poorly controlled. In a progress report dated 6-4-15, the treating physician notes dizziness, neck pain radiating into the upper extremities and headaches and pain is rated as 7 out of 10. Shoulder pain is reported as slightly improved at a 4 out of 10. Wrist pain is rated at 8 out of 10 and he has difficulty lifting, gripping or performing fine or gross motor function. Exam of the cervical spine notes cervical compression on the right is positive, Jackson's is positive, and loss of sensation in the C5-C6 nerve distribution on the right. The shoulder exam notes the surgical portholes are healing, however there was swelling of the wrist and range of motion remains restricted and painful. There is a positive apprehension sign. He will require more surgical intervention. Work status is to remain off work until 7-16-15. The requested treatment is for a field nurse case manager to be present at the next follow up appointment to discuss an appropriate treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Field nurse case manager to be present at the next follow-up appointment to discuss an appropriate treatment plan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorders Medical Treatment Guidelines, Colorado Division of Workers Compensation, rev 12/27/2011, page 89.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79.

**Decision rationale:** MTUS Guidelines address the issues of complex medical and impairment issues. The Guidelines delineate the roles of the physician and employer (insurer) and a team approach is supported, but the assignment of a nurse case manager is not the physicians ultimate responsibility. The presence of a nurse case manager is an administrative (insurer) decision and not a medical one. Even though the request may have merit, it is not a medical treatment request and as such is not supported in Guidelines as a medical necessity. The request for Field nurse case manager to be present at the next follow-up appointment to discuss an appropriate treatment plan is not supported in Guidelines as medical treatment and is not medically necessary.