

Case Number:	CM15-0162356		
Date Assigned:	08/28/2015	Date of Injury:	05/11/2005
Decision Date:	10/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/18/2015

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 54 year old male, who sustained an industrial injury on 5-11-2005. The current diagnoses are chronic left shoulder pain secondary to acromioclavicular joint degenerative tendinitis, status post arthroscopy with acromial decompression and debridement (4-3-2008), chronic pain syndrome, muscle spasms, neuropathic pain, and anxiety. According to the progress report dated 7-15-2015, the injured worker presents for routine follow-up. He is awaiting an evaluation for a functional restoration program. He is most interested in biofeedback treatment. His goal is to not need medication for pain. He has been taking medication times 10 years, and is not interested in making any changes to medication at this time. The level of pain is not rated. The physical examination of the left shoulder reveals decreased range of motion. Shoulder flexion is 160 degrees and abduction 140 degrees. There is tenderness to palpation to his acromioclavicular joint. He has a positive Hawkin's test and negative drop arm test. The current medications are Hydrocodone-APAP. Per notes, the pain medication helps him to function and perform his activities of daily living. Treatment to date has included medication management, physical therapy, and surgical intervention. Work status is not specified in the 7-15-2015 progress note. The original utilization review (7-17-2015) had non-certified a request for six monthly follow-ups for left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six monthly follow-ups for left shoulder pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, and Shoulder Complaints 2004, Section(s): Physical Examination, and Low Back Complaints 2004, Section(s): Physical Examination. 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 6 follow-up visits with the treating physician, without specific treatment goals. Additionally, the injured worker has been approved for a 20 day functional restoration program. The efficacy of this program should be established prior to the approval of additional follow-up visits. The request for six monthly follow-ups for left shoulder pain is not medically necessary.