

Case Number:	CM15-0165273		
Date Assigned:	08/28/2015	Date of Injury:	05/16/2013
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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: Family Practice

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 62 year old female, who sustained an industrial injury on May 16, 2013. The injured worker was diagnosed as having pain in joint of shoulder region. Treatment to date has included therapy and medication. A progress note dated July 22, 2015 provides the injured worker complains of increased low back pain rated 3-9 out of 10 and left shoulder pain radiating to back and neck and rated 0-7 out of 10. Physical exam notes tenderness to palpation of the lumbar, trapezius and shoulder region with slightly decreased painful range of motion (ROM). Review of magnetic resonance imaging (MRI) reveals left shoulder biceps disruption and degenerative changes. There is a request for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment for 08/12/2015: Upheld

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 (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The MTUS/ACOEM Guidelines comment on the management of patients with shoulder disorders. Within this chapter are recommendations regarding follow-up appointments. These guidelines state the following: Patients with shoulder complaints can have follow-up every three to five days by an appropriate health professional who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. The practitioner should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone. Physician follow-up generally occurs when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. In this case, the request for follow-up lacks a clear description as to the intent/goal of the follow-up visit. In the Utilization Review process, there was a suggestion that the request was for follow-up for continued chiropractic treatments. There was also a suggestion in the medical records that the intent for follow-up may have been for a formal orthopedic evaluation. The lack of clarity for the rationale for the follow-up appointment, who would be evaluating the patient in follow-up and the goals of this assessment, is problematic. At this time, given the aforementioned lack of clarity as to the purpose of the follow-up appointment, a follow-up appointment for 8/12/2015 is not medically necessary.