

Case Number:	CM15-0183969		
Date Assigned:	09/24/2015	Date of Injury:	06/22/2009
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Iowa, Illinois, California

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 52 year old female who sustained an industrial injury on 06-22-2009. Medical records (02-14-2015 through 08-06-2015) indicated the worker was treated for back, left arm and left hip pain. In the provider notes of 04-14-2015, it is noted that the worker underwent back surgery in 2012, has had multiple injections with temporary benefits, physical therapy, and is taking Norco which is prescribed by her personal physician whose notes are not included in this medical record. In the secondary treating physician's notes of 03-13-2015, the worker is seen for her left shoulder. A MRI of the left shoulder (02-27-2015) showed severe glenohumeral osteoarthritis, acromioclavicular osteoarthritis, supraspinatus tendinosis, and infraspinatus tendinosis. The secondary treating physician's interim evaluation (03-13-2015) diagnosed left shoulder degenerative joint disease with collapse, and the treatment option was a total shoulder replacement. The Primary Treating Physician's Progress Report of 03-26-2015 has a treatment plan of home exercises and awaits authorization for total left shoulder replacement. No treatments, medications, or treatment orders are documented. In the Secondary Treating Physician's (General Medicine) notes of 04-14-2015, the worker is noted to have +2-+3 tenderness to palpation in the bilateral lumbar paraspinals with active myospasm from L2 through the L5-S1 junction. Sensation to light touch was decreased in the L4-5 distribution bilateral lower extremities. Strength was 5 of 5 and equal bilaterally. Diagnoses include Lumbago, Lumbar spine musculoligamentous sprain-strain, and status post lumbar spine fusion surgery, Lumbar disc herniation, multilevel with neuroforaminal narrowing, and left shoulder

internal derangement. The treatment plan was for continuation of Norco per her private physician, prescriptions of Norflex, Tramadol, and Menthoderm transdermal analgesic, continuation of her home exercise program, continuation with follow up with a spine surgeon regarding her lumbar spine, continuation of follow-up with an orthopedic surgeon regarding the left shoulder surgery and return to follow-up with the secondary treating physician (General Medicine) in four to six weeks (08-06-2015). She is seen for a neurosurgical evaluation of her lumbar spine (03-05-2015). She is seen by her Primary Treating Physician in Chiropractic care (03-26-2015), (05-28-2015), (06-29-2015) and (08-05-2015) for subjective complaints of severe achy low back pain, numbness and radicular symptoms to both legs rated an 8 on a scale of 0-10, and a complaint of activity-dependent to constant severe 10 on a scale of 10 achy sharp throbbing left shoulder pain. Objectively, she has decreased sensation in the left upper and lower extremity. Lumbar ranges of motion are decreased and painful. The left shoulder ranges of motion are decreased and painful with +3 tenderness of the lateral shoulder. The treatment plan (08-05-2015) includes home exercise, await authorization for total left shoulder replacement, and follow up with general medicine (08-06-2015). A permanent and stationary report was planned after the general medicine follow-up. The secondary treating physician (general medicine) again sees her on 08-06-2015 who closes her general medicine care to follow-up and defers her work status to her Primary Treating Physician (Chiropractic Care). A request for authorization was submitted 08-19-2015 for Return to clinic (Primary Treating Physician in Chiropractic Care) in four to six weeks regarding the lumbar spine and left shoulder. A utilization review decision 08-19-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to clinic in four to six weeks regarding the lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. 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 treating physician does not detail the rationale or provide additional information for the requested follow up. Importantly, the treatment notes do not detail what medications and/or symptoms are to be evaluated and treated. As such, the request for Return to clinic in four to six weeks regarding the lumbar spine and left shoulder is not medically necessary at this time.