

Case Number:	CM15-0201257		
Date Assigned:	10/16/2015	Date of Injury:	10/27/1998
Decision Date:	12/07/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who sustained an industrial injury on 10-27-1998 and has been treated for neck pain and numbness, with a diagnosis provided on 3-10-2015 of brachial neuritis or radiculitis and carpal tunnel syndrome. On 3-10-2015 the injured worker reported continued neck pain which had been bothering him for the previous month. Description of pain or response to treatment was not provided. Objective examination addressed neurological findings stated as "normal." There was no musculoskeletal assessment documented. Documented treatment includes massage and chiropractic treatments helping him "do better." The treating physician's plan of care includes a request for authorization submitted 7-22-2015 for two follow up visits with a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit to neurologist for 2 visits: 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 Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: In a patient being followed with chronic, stable wrist/hand symptoms and the diagnosis of carpal tunnel syndrome, follow-up visits can occur on a prn basis based upon changes in the patient's symptoms or status. It is not possible to identify such a need for 2 visits into the future since such visits are indicated as needed. Thus the current request for 2 follow-up visits is not supported by the records and guidelines; this request is not medically necessary.