

Case Number:	CM15-0025858		
Date Assigned:	02/18/2015	Date of Injury:	06/11/2012
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 6/11/12. On 2/11/15, the injured worker submitted an application for IMR for review of Cardio-respiratory test. The treating provider has reported on 12/2/14, the injured worker notes "improved abdominal pain and acid reflux (with Omeprazole) as well as less frequent constipation with Colace." The notes also document: "unchanged chest pain, but denies any shortness of breath." The diagnoses have included right shoulder tendinitis; bursitis, possible rotator cuff tear; cervical myofascial sprain; cervical spondylosis, degenerative disease. Treatment to date has included acupuncture, physical therapy, right shoulder MRI and cervical spine MRI (10/15/14), Ultrasound abdomen (12/2/14). On 1/12/15 Utilization Review non-certified Cardio-respiratory test. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain.

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors 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. In this case the patient has hypertension. The documentation by an internal medicine provider notes that she has unchanged chest pain without any further cardiopulmonary symptoms. The documentation doesn't indicate that the chest pain is caused by the heart and the hypertension is being treated by the internist.