MAXIMUS Federal Services

Case Number:	CM15-0214502		
Date Assigned:	11/04/2015	Date of Injury:	04/27/2011
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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, 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 27 year old male, who sustained an industrial injury on 4-27-11. He reported left shoulder and arm pain. The injured worker was diagnosed as having cervicalgia and left shoulder impingement and tendinitis. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, and medication including Cyclobenzaprine and topical creams. Physical exam findings on 9-24-15 included tenderness over palpation of the subacromial bursa and supraspinatus insertion. Neer's, Hawkins, and Jobe's tests were positive. 4 of 5 strength was noted in the supraspinatus and infraspinatus. On 9-24-15, the injured worker complained of left shoulder pain. The treating physician requested authorization for occupational medicine follow-up office visit for medications for the cervical spine and left shoulder. On 10-2-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational medicine follow-up office visit for medications for the cervical spine and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees. Fitness for return to work. In this case, the complexity and need for intervention from an occupational specialist was not justified. There was no mention of specific intervention or medication adjustment that cannot be done by the orthopedic surgeon. As a result, the request for the visit is not justified and not necessary.