

Case Number:	CM15-0214604		
Date Assigned:	11/04/2015	Date of Injury:	12/28/2013
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
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: New Jersey

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 57 year old female who sustained an industrial injury on 12-28-2013. According to documentation submitted for review, an orthopedic surgeon saw the injured worker on 03-30-2015, 04-27-2015, 05-18-2015, 06-29-2015, 07-27-2015 and 08-31-2015. According to the most recent progress report signed by the orthopedic surgeon and dated 08-31-2015, the injured worker reported burning, radicular neck pain rated 6-7 out of 10 on the pain scale. She was status post right shoulder arthroscopy with residual pain. She also reported left shoulder pain. She reported burning, radicular low back pain. Medications offered her temporarily relief of pain and improved her ability to sleep. Diagnoses included cervical spine sprain strain, cervical radiculopathy, and status post right shoulder surgery with residual pain, left shoulder pain, lumbar spine sprain strain and lumbar spine radiculopathy. The treatment plan included continuation of medications. The injured worker was recommended to undergo a course of physical therapy, physiotherapy, chiropractic care and acupuncture. According to a primary treating physician's progress report dated 09-03-2015, the injured worker reported shoulder pain that traveled to the right arm all the way down the hand, left shoulder and left arm numbness and tingling and neck pain that traveled down both arms with pain, numbness or tingling. The report for the MRI of the right shoulder was pending. The treatment plan included continuation of acupuncture, chiropractic physiotherapy and self-directed exercise program, electrodiagnostic studies of the upper extremities and follow up visits with named provider (orthopedic surgeon/pain management) for medication management. Follow up was indicated in 30 days. On 10-08-2015, Utilization Review non-certified the request for follow-up

office visit with medical doctor for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit with medical doctor for medication management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 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) Shoulder section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly 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. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact 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 the case of this worker, although there was incomplete information found in recent notes regarding which medications were used and how effective they were, if this pain management/orthopedic surgeon managed these medications in the past, then follow-up is warranted. Although some of these medications may not be recommended as medically necessary depending on future reports of effectiveness and appropriateness, review of this list should be part of this follow-up office visit. Therefore, the request for Follow-up office visit with medical doctor for medication management is medically necessary.