

Case Number:	CM15-0036515		
Date Assigned:	03/05/2015	Date of Injury:	07/25/2001
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 74-year-old male sustained an industrial injury on 7/25/01. In a PR_2 dated 10/17/14, the injured worker had just undergone MOHS surgery on the nose. The injured worker was using continuous positive airway pressure (CPAP) but complained of nasal pillow leaking, snoring, heartburn, insomnia, word finding difficulties, increasing fatigue, leg and foot cramping, muscle burning to the whole body, hands and fingers with random twitching of fingers and bilateral hands and left eye light flashes with floaters and decreased field of vision. The injured worker reported 100% compliance with CPAP. Physical exam was remarkable for decreased visual field in the left eye, decreased range of motion with pain on the left hip, left heel with decreased sensation to pinprick and light touch, left foot with tenderness to palpation and right elbow with tenderness to palpation and decreased range of motion. Current diagnoses included status post slip and fall injuring hand, left side of body and right hand, left radial head fracture, right lateral and medial epicondylitis, left hip trochanteric bursitis, left plantar bursitis, obstructive sleep apnea and hypertension. The treatment plan included consult with endocrinology for low testosterone, continuing home CPAP, a Health club annual membership, neuropsychology evaluation, follow up with a physician for hypertension, follow up with a physician for psychotherapy and biofeedback, follow up with a physician for Botox and singular treatment, follow up with a physician for right elbow surgery and hematology evaluation. On 2/5/15, Utilization Review noncertified a request for F/U Visit with Treating Physician (Eye and Ear Specialist), noting lack of medical information supporting the need for the request. No

guidelines were cited. As a result of the UR denial, an IMR was filed with the Division of Workers.

IMR ISSUES, DECISIONS AND RATIONALES

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

F/U Visit with Treating Physician (Eye and Ear Specialist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

Decision rationale: Regarding the request for follow-up visit with eye and ear specialist, California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, while the request is noted to be for follow-up visits, there is no documentation of the results of any prior visits with eye and/or ear specialists identifying any conditions requiring ongoing evaluation and/or management. In the absence of such documentation, the currently requested follow-up visit with eye and ear specialist is not medically necessary.