

Case Number:	CM15-0047507		
Date Assigned:	03/19/2015	Date of Injury:	11/25/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old male, who sustained an industrial injury on 11/25/2012. He reported a right shoulder injury. The injured worker is currently diagnosed as having shoulder rotator cuff syndrome and status post arthroscopic shoulder surgery. Treatment has included right shoulder surgery, cortisone injections, shoulder MRI, postoperative therapy, and medications. In a progress note dated 02/13/2015, the injured worker presented with complaints of right anterior shoulder pain which feels better with home exercise, topical compound, and heat pads. The treating physician reported being scheduled to return to the office in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow-up Consultation as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Treatment, integrated Treatment/Disability Duration Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The injured worker sustained a work related injury on 11/25/2012. The medical records provided indicate the diagnosis of shoulder rotator cuff syndrome and status post arthroscopic shoulder surgery. Treatment has included right shoulder surgery, cortisone injections, shoulder MRI, postoperative therapy, and medications. The medical records provided for review indicate a medical necessity for 1 Follow-up Consultation as an outpatient. The records indicate this was the first time this provider was meeting the injured worker; the encounter was as a result of transfer of service. As at the time of this visit, the provider had not received the injured workers medical reports; therefore, the provider requested to have the medical notes reviewed by the time of next visit. The request for follow up visit was not necessarily just to review the urine drugs screen (which was wrongly done, since this information would have been obtained from the injured workers' medical record as the worker was recently screened during the most recent visit with the previous provider). The request for the medical records and follow up visit is to avoid duplicating tests and treatments that had already been done, and also for continuity of care. The MTUS states as follows:"Clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance." Therefore, the request is medically necessary.