

Case Number:	CM15-0051789		
Date Assigned:	03/25/2015	Date of Injury:	01/21/2013
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 36-year-old female who sustained an industrial injury on 1/21/13, relative to cumulative trauma. The 1/9/15 orthopedic report indicated the injured worker was 4-weeks post-partum, and noted that exam was not possible at the last visit due to her pregnancy. She had persistent neck and back pain that worsened with certain movements. Cervical range of motion was mildly limited in right lateral flexion and bilateral rotation, with normal motor, sensory, and reflex exam. Lumbar range of motion was mildly limited in flexion and painful in flexion and extension. The lower extremity neurologic exam was normal. The diagnosis was rule-out cervical and lumbar disc protrusions. The treatment plan recommended referral for 12 visits of physical therapy. An updated MRI was possibly needed, a copy of the 2013 MRI was requested. Records documented that 6 visits of physical therapy had been authorized on 2/2/15. The 3/17/15 utilization review non-certified the request for a follow-up visit with an orthopedic specialist as there were insufficient exam findings to warrant specialty referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with orthopedics specialist: Overturned

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 regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Office visits; Low Back Lumbar & Thoracic: Office visits.

Decision rationale: The California MTUS guidelines do not provide guidelines for follow-up office visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. 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. Guideline criteria have been met. Follow-up with the orthopedist is reasonable to review the patient's response to the prescribed physical therapy and go over imaging. Therefore, this request is medically necessary.