

<b>Case Number:</b>	CM15-0054174		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/24/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 59 year old male sustained an industrial injury on 7/24/06. He subsequently reported left wrist and back injury as well as type two diabetes, erectile dysfunction, hypertension and hypercholesterolemia. Diagnoses include hypertension. Diagnostic testing has included x-rays, EKG and laboratory tests. Treatments to date have included modified work duty, wrist surgery, physical therapy and prescription pain medications. The injured worker currently experiences chronic low back pain, which radiates to the right leg/ foot, left hand numbness and acid reflux. A request for an office visit was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit:** Overturned

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, office visit and lab work, BMP and hemoglobin A-1 C are medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment 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. In this case, the injured worker's working diagnoses (from the initial physician internal medicine note dated October 31, 2014) are hypertension control; diabetes mellitus type II not control; hypercholesterolemia control and history of erectile dysfunction. There is no documentation in the medical record indicating how these medical problems relate to the work related injury. The orthopedic work related injuries include status post fracture left wrist; status post compression fractures T12 and L1. A progress note dated March 2, 2015 was hand written and did not include a blood sugar. Subjectively, the plan was to recheck a blood pressure and blood sugar. A follow-up visit is appropriate in the face of an elevated blood sugar with continuing insulin. Consequently, based on the clinical documentation in the medical record with elevated blood sugar and ongoing lab work including hemoglobin A-1 C, office visit follow-up is medically necessary.