

<b>Case Number:</b>	CM15-0086825		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on 10/18/2011. He has reported injury to the right hand/wrist. The diagnoses have included carpal tunnel syndrome. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Gabapentin. A progress note from the treating physician, dated 10/23/2014, documented an evaluation with the injured worker. Currently, the injured worker reported sensation in the ring finger is improved after the secondary procedure, but not as much on the index and middle fingers. Objective findings included some degree of dysesthesia in the upper extremity; slight decreased grip strength on the right and left; Gabapentin is prescribed for the peripheral neuropathy; and a third surgery would not be recommended. The treatment plan has included the request for follow-up visits - 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-Up Visits - 3: 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: Forearm, wrist, and Hand, Office visits.

**Decision rationale:** Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they 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. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. In this case the patient is four years post injury and has passed the acute phase of treatment. Documentation does not support any significant change in the patient's symptoms or findings. The request for 3 follow up visits is not medically necessary. The request should not be authorized.