

<b>Case Number:</b>	CM15-0232325		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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, West Virginia, Pennsylvania  
 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 57-year-old male who sustained an industrial injury on 7-17-2013 and has been treated for cervicalgia, brachial neuritis or radiculitis, lumbar sprain, lumbago, displacement of lumbar intervertebral disc without myelopathy, right shoulder and upper arm pain, right shoulder disorder of bursae and tendons, right wrist, hand, and finger pain, headaches, and blurred vision. Diagnostic MRI of the right shoulder dated 7-20-2015 showed supraspinatus bursal surface partial tendon tear, mild tendinosis, bicep partial tear and tenosynovitis, labral tear, osteoarthritis, and cyst formation. Lumbar MRI dated 12-5-2013 showed disc osteophytes at L3-S1. Cervical MRI 12-5-2013 revealed foraminal stenosis caused by disc protrusion. In the most recent provided progress note dated 8-31-2015, the injured worker had presented with occasional right shoulder, bilateral neck and bilateral lower back pain. On a pain scale with 10 being the worst, he rated right shoulder pain as 3-4 out of 10 described as "pulsing"; neck pain at 2-3 out of 10 also pulsing; and, low back pain at 2-3 out of 10 described as sharp. This report was noted to be without medication. He reported that pain was interfering with sleep, and causing anxiety and depression in conjunction with loss of work. Prolonged and repetitive positioning and activities were stated to aggravate pain levels. An activity of daily living analysis revealed some difficulty with bathing, dressing, standing, sitting, reclining, walking, stair climbing, lifting, and sleep. Significant objective findings include decreased range of motion of the right shoulder with flexion and abduction, with pain noted with extension and adduction as well, and there was positive right-sided impingement. Prior treatments were not addressed in this note, but a previous report dated 6-8-2015 says he had received physical therapy and medications

in the past. A request has been submitted for a follow up evaluation for further treatment and management with neck, right shoulder and low back with the treating physician which was non-certified on 11-3-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 follow up evaluation for further treatment and management of neck, right shoulder and low back pain, as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Follow up visits.

**Decision rationale:** Guidelines recommend a follow up visit based on review of the patient's concerns signs and symptoms, clinical stability, and reasonable physician judgment. Within the documentation available for review, there is no specific complaints or objective exam findings for which an office follow up visit would be medically necessary. The request for a pain medicine follow up visit is not medically appropriate and necessary.