

<b>Case Number:</b>	CM14-0216166		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 37-year-old female with date of injury of 01/17/2013. The listed diagnoses from 11/18/2014 are: 1. Cervicothoracic strain/mild arthrosis with possible neural encroachment. 2. Left shoulder impingement syndrome with acromioclavicular joint arthrosis. 3. Significant right shoulder or bilateral intrinsic elbow pathology. 4. Bilateral carpal tunnel syndrome. 5. Lumbosacral strain/arthrosis. 6. Left ankle sprain, resolved. 7. Status post concussion with several neurologic complaints. 8. Psychiatric diagnoses. According to this report, the patient is still having very significant headaches or neurologic complaints. She is complaining of neck pain that radiates toward her mid back. The patient also reports low back and shoulder pain secondary to her neck and neurologic complaints. Examination shows negative Spurling's and foraminal compression tests. There is significant neck pain and pain in the scapular areas. There is pain in the trapezial area. No other findings were noted on this report. Treatment reports from 07/31/2014 to 11/20/2014 were provided for review. The utilization review modified the request on 12/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 24 visits at 1 visit per week for 24 weeks:** 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** This patient presents with neck, mid back, shoulders, low back pain and headaches. The treater is requesting Medication Management 24 visits at 1 visit per week for 24 weeks. The ACOEM Guidelines page 341 supports orthopedic followup evaluations every 3 to 5 days whether in-person or telephone in the acute phase of care. There is no discussion as to why 24 visits are necessary for this patient. Follow-up visitations are supported and it is how patient's are evaluated and treated. Follow-up visitations are performed one visit at a time with accompanied reports justifying the visit along with treatment recommendations. The current request for 24 medication management visits is not supported by the guidelines and is not medically necessary.