

<b>Case Number:</b>	CM15-0120506		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on 12/02/2008. The injured worker was diagnosed as having mild left carpal tunnel syndrome per diagnostic study, possible ruptured EPL (extensor pollicis longus) left thumb, bilateral shoulder tendinitis, chronic regional pain syndrome type I (symptoms resolved), crush injury left hand, and ruptured disc C3-4 and C4-5. Treatment to date has included diagnostics and medications. Per the most recent PR2 (7/30/2014), the injured worker complains of a burning sensation in her neck, radiating down her arms to her fingers, rated 7/10. She also reported occasional burning in both shoulders, and numbness, inflammation, and spasms in her left hand. Her medications included Prilosec and Flexeril. Her work status was permanent and stationary. An updated PR2 was not noted. On 6/02/2015, the treatment plan included a request for a follow-up appointment, noting authorization required for follow-ups if the patient has not been seen in 4 or more months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up appointment, quantity: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 89.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow up visits are based on medical need as dictated by ongoing complaints and response to treatment. The review of the provided clinical documentation shows an active ongoing pain complaint without resolution. Therefore, the request is medically necessary.