

<b>Case Number:</b>	CM15-0126507		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/29/2003
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old female who sustained an industrial injury on 4/29/03. Primary treating physician's orthopedic progress report dated 5/26/15 reports evaluation of injuries; cervical, thoracic and lumbar spine, bilateral hips and bilateral arms. Overall pain is rated 5/10. Prolonged stationary sitting position aggravates the pain in her bilateral hips. Acupuncture treatments continue to provide benefit. Diagnoses include: cervical sprain/strain with aggravation of degenerative changes of upper back and shoulders and bilateral hip sprains. Plan of care includes: follow up in 6 months for re-evaluation, request physical therapy 2 times per week for 6 weeks and no medications prescribed at this time. Currently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up in six months for the bilateral hips:** 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 Chapter, Office Visits Section.

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

**Decision rationale:** Regarding the request for a follow-up visit with an orthopedic surgeon, the California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, it is noted that the patient is currently working with restrictions and has reach maximal medical improvement. However, the worker still experiences pain, particularly with prolonged sitting. The worker is not taking any medications and has had other conservative therapies with acupuncture. Physical exercise was encouraged. Given this clinical picture, a 6-month follow-up is appropriate to reassess orthopedic complaints, document an exam in terms of hip ROM, and assess the efficacy of a home exercise program. The currently request is medically necessary.