

Case Number:	CM15-0026258		
Date Assigned:	02/18/2015	Date of Injury:	08/16/2013
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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 female, who sustained an industrial injury on 08/16/2013. On provider visit dated 01/07/2015 the injured worker has reported right shoulder, elbow and wrist and hand pain. On examination she was noted to have +3 and tenderness to the right rotator cuff muscle and right upper shoulder muscles. Speeds test, supraspinatus test and posterior apprehension test were all noted to be positive on the right. Right elbow and wrist tenderness was noted. The diagnoses have included bursitis and tendinitis of the right shoulder, radiohumeral sprain/strain of the right elbow, carpal sprain/strain of the right wrist, and rule out carpal tunnel syndrome and dislocation of the right shoulder. Treatment to date has included 12 sessions of physical therapy and medication. Treatment plan included work hardening conditioning for 10 visits and follow up visits with range of motion measurement and addressing activities of daily living (ADLs). On 01/21/2015 Utilization Review non-certified follow up visits with range of motion measurement and addressing activities of daily living (ADLs). The CA MTUS, ACOEM Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with range of motion measurement and addressing activities of daily living (ADLs): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Referrals.

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 follow-up visits, 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 clear the requesting physician has recommended various treatments. A few follow-up visits may be indicated to follow up on those treatment recommendations. However, the currently requested open ended "follow up visits" are not supported by guidelines. As such, the currently requested "follow-up visits" are not medically necessary.