

<b>Case Number:</b>	CM15-0066526		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 21 year old male who sustained an industrial injury on 02/12/2015. The injured worker was diagnosed with cervical spine sprain/strain, cervical myofascitis, lumbar sprain/strain and shoulder sprain/strain. There were no previous treatments noted. According to the primary treating physician's progress report on March 23, 2015, the injured worker presented with no complaints of neck pain, shoulder pain, elbow pain or wrist pain. There were psychological complaints without discussion of these. Examination of the cervical spine, left shoulder, left wrist and elbow were negative except for decreased range of motion. Current medications were not listed. There was no plan of care documented. The current request is for a follow-up evaluation/visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) follow up evaluation/office visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**Decision rationale:** The injured worker sustained a work related injury on 02/12/2015. The medical records provided indicate the diagnosis of cervical spine sprain/strain, cervical myofascitis, lumbar sprain/strain and shoulder sprain/strain. The medical records provided for review do indicate a medical necessity for One (1) follow up evaluation/office visit. The MTUS recommends Physician follow-up if a patient needs a release to modified increased, or full duty, or after appreciable healing or recovery can be expected. The follow usually follows every four to seven days if the patient is off work and seven to fourteen days if the patient is working.