

Case Number:	CM15-0072099		
Date Assigned:	04/22/2015	Date of Injury:	12/04/2012
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/15/2015

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: Ohio, North Carolina, Virginia
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:

This 48 year old female sustained an industrial injury to the right shoulder on 12/4/12. Previous treatment included magnetic resonance imaging, right shoulder surgery (8/2014) and medications. In an orthopedic initial report dated 2/11/15, the injured worker complained of right shoulder pain 5/10 on the visual analog scale. Frequency of pain was 25-50% of the time. Physical exam was remarkable for painful motion at the right shoulder with full passive motion and tenderness to palpation subacromially and at the clavicle, trapezium, scapula, cervical spine, lumbar spine and bilateral elbows with questionable shoulder impingement. Current diagnoses included chronic right shoulder pain, status post right shoulder arthroscopy with cervical decompression and distal clavicle resection, multiple myofascial tender points, history of acute myelogenous leukemia and diabetes mellitus. The treatment plan included a pain management consultation and a request for all medical records for review. The physician noted that he suspected that she had chronic myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow-up visits x10 for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 92 ACOEM Guidelines, page 127 ACOEM Guidelines, page 80 ACOEM Guidelines, page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Shoulder chapter. Office visits section.

Decision rationale: The injured worker has been found to have pain that has persisted for a duration longer than expected for a verifiable condition. She had right shoulder surgery 8-14-13 but continues to have right sided neck pain, right shoulder pain, and right peri-scapular pain. A pain management consultation was approved on 3-5-15 but 10 pain management follow up visits were not certified. The rationale for the non-certified follow up visits was that the patient not yet even been evaluated initially. The cited guidelines do state that follow up visits are recommended as determined to be medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. However, the request for 10 pain management follow up visits appears to lack foundation. It is not clear why 10 pain management follow up visits are necessary from the medical record provided. The request is not medically necessary.