

<b>Case Number:</b>	CM15-0078582		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/17/2005
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 62 year old female, who sustained an industrial/work injury on 3/17/05. She reported initial complaints of right shoulder and left hand pain. The injured worker was diagnosed as having chronic pain, dyspepsia, GERD (gastro- esophageal reflux disease) pathology, hypertension, atrial fibrillation, gastritis, and orthopedic right shoulder condition. Treatment to date has included medication to include proton pump inhibitor and orthopedic consultation. Currently, the injured worker complains of persistent shoulder and left hand pain. Per the primary physician's progress report (PR-2) on 3/16/15, physicians do not want to proceed with any surgery due to atrial fibrillation and medication for same. The requested treatments include follow-up appointment on May 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up appointment on May 12, 2015: Upheld**

**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.

**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 3/17/05. The medical records provided indicate the diagnosis of chronic pain, dyspepsia, GERD (gastro- esophageal reflux disease) pathology, hypertension, atrial fibrillation, gastritis, and orthopedic right shoulder condition. Treatment to date has included medication to include proton pump inhibitor and orthopedic consultation. The medical records provided for review do not indicate a medical necessity for Follow-up appointment on May 12, 2015. The report indicates the injured worker saw her physician on 03/16/15, was referred for some tests, given prescription for some medications, and was given a six week return appointment. The MTUS recommend follow-up every three to five days by a midlevel practitioner, or by a physical or hand therapist, physician follow-up when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. Therefore the request is not medically necessary.