

Case Number:	CM15-0092570		
Date Assigned:	05/19/2015	Date of Injury:	01/24/2009
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Emergency 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 42-year-old female, who sustained an industrial injury on 1/24/2009. She reported an injury to the right upper extremity. Diagnoses have included status post right shoulder arthroscopy with persistent adhesive capsulitis and myofascial pain, status post right elbow lateral release with persistent myofascial pain, right wrist sprain/strain, cervical brachial myofascial pain syndrome and chronic pain syndrome. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 4/10/2015, the injured worker complained of pain in the right upper extremity. The injured worker described pain in the right arm, right shoulder, right elbow and right wrist as burning, achy, shooting and throbbing with a severity of 8/10. She reported that her pain had spread to the left upper extremity. Objective findings revealed decreased range of motion. The injured worker was recommended to proceed with treatment for chronic pain. Authorization was requested for six pain management follow-up office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow-up visit (6 visits): 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, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The requested pain management follow-up visit (6 visits), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Follow-Up, page 207 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain in the right upper extremity. The injured worker described pain in the right arm, right shoulder, right elbow and right wrist as burning, achy, shooting and throbbing with a severity of 8/10. She reported that her pain had spread to the left upper extremity. Objective findings revealed decreased range of motion. There is sufficient documentation to establish the medical necessity for one follow-up visit, but not for six visits. The criteria noted above not having been met, pain management follow-up visit (6 visits) is not medically necessary.