

Case Number:	CM15-0094259		
Date Assigned:	05/21/2015	Date of Injury:	10/08/2013
Decision Date:	06/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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, New York, California

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 applicant is a represented 52-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 8, 2013. In a utilization review report dated April 29, 2015, the claims administrator reportedly failed to approve six follow-up visits with a pain management specialist. An office visit of April 15, 2015 and associated RFA form of April 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported ongoing complaints of shoulder pain reportedly attributed to adhesive capsulitis, acromioclavicular joint osteoarthritis, and/or impingement syndrome. Authorization was sought for a manipulation under anesthesia procedure. The applicant was given a rather proscriptive 15-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. On February 27, 2015, the attending provider reiterated his request for shoulder surgery. The attending provider noted that the applicant had had various complications, including morbid obesity status post gastric bypass and alcoholism. A pain management consultation was sought for potential medication management issues, both preoperatively and postoperatively. It was not clearly stated whether the applicant was or was not working at this point. The applicant was placed off of work, on total temporary disability, via earlier notes dated October 20, 2014 and January 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visit with pain management, six visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for a follow-up visit with pain management - six visits was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was off of work. The applicant had various chronic pain issues. The applicant was considering and/or contemplating shoulder surgery. The applicant had superimposed issues with alcoholism and/or substance abuse, the treating provider maintained. Frequent follow-up visits, thus, were indicated, on several levels, including for medication management and/or disability management purposes. Therefore, the request was medically necessary.