

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

IMR Case Number:	CM13-0018884	Date of Injury:	12/06/2006
Claims Number:	[REDACTED]	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	"PLEASE SEE ATTACHMENT"		

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

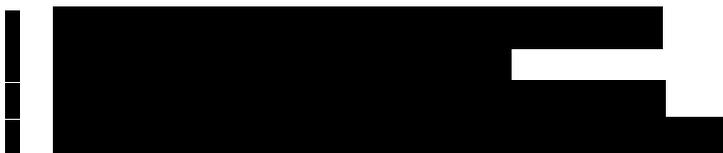
cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old female who reported an injury on 12/11/2006. The patient underwent right carpal tunnel release surgery on 06/10/2007, and right shoulder arthroscopy on 07/22/2011. The patient experienced a cerebrovascular accident on 12/06/2010. The patient underwent outpatient physical therapy, occupational therapy, and speech therapy. The patient received an MRI of the right shoulder in January of 2013 that concluded there was fraying in the distal aspect of the supraspinatus with no evidence of rotator cuff tear and mild acromioclavicular osteoarthritis. The patient complained of residual pain in the shoulder. The patient's diagnoses included pain in the limb, cervicgia, shoulder region disorder, enthesopathy of the wrist, and carpal tunnel syndrome. The patient's treatment plan included a therapeutic cream.

IMR DECISION(S) AND RATIONALE(S)

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

1. Error! Reference source not found. is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines Pain Chapter, section on Antiemetics (for opioid nausea.)

The Physician Reviewer's decision rationale:

The Official Disability Guidelines recommends antiemetics in preoperative and postoperative situations to reduce symptoms associated with chemotherapy and radiation. The medical records provided for review do not provide any evidence that the employee is receiving preoperative or postoperative treatment, radiation, or chemotherapy. Additionally, the request does not include the type of medication that is intended to treat this employee. Therefore, appropriateness and efficacy cannot be determined. Also, there were no physical findings submitted for review during the requested period of 07/08/2013 to 09/12/2013 to support the need for this type of medication. **The request for one prescription for nausea medication between 07/08/2013 and 09/12/2013 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.