

Case Number:	CM13-0010019		
Date Assigned:	07/02/2014	Date of Injury:	01/12/2010
Decision Date:	09/08/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported injury on 01/22/2010. The mechanism of injury was not provided. Prior treatments included physical therapy and an x-ray of the C-spine and an MRI of the neck. The injured worker underwent an NCV/EMG on 04/26/2010. The request was made for an x-ray and MRI of the neck as well as physical therapy. The documentation of 06/27/2013 revealed the injured worker had a painful neck, upper back, wrists, and hands. The injured worker had myospasms on examination. The injured worker had a positive left Finkelstein's. The diagnoses included elbow lateral and medial epicondylitis and tenosynovitis of the wrist and forearm. The treatment plan included medications, 8 sessions of physical therapy, x-rays of the cervical spine and an MRI of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATIONS (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The ACOEM Guidelines indicate that comfort is often an injured worker's first concern. Nonprescription analgesics will provide sufficient pain relief for most injured worker's with acute and subacute symptoms. If treatment response is inadequate, prescribed pharmaceuticals or physical methods can be added. The clinical documentation submitted for review failed to provide documentation of the name of the medications, the frequency, the quantity and the strength of medications being requested. As such, there could be no application of specific guidelines for each medication. Given the above, the request for medications (unspecified) is not medically necessary.