

Case Number:	CM13-0014102		
Date Assigned:	10/02/2013	Date of Injury:	09/27/2002
Decision Date:	02/04/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine & Rehabilitation 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.

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 patient is a 73-year-old female who reported an injury on 09/29/2002. The patient is diagnosed with a history of left total knee replacement with ongoing left knee pain, rule out hardware loosening, and leg cramps. The patient was seen by [REDACTED] on 09/16/2013. The patient reported chronic left knee pain. Physical examination revealed limited range of motion, audible popping sensation with flexion to extension passively, and exquisite tenderness over the medial condyle and infrapatellar tendon. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium oxide tablets 400mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered under the supervision of a physician which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the clinical notes submitted, the patient is currently being treated for chronic left knee pain following left total knee replacement. There is no documentation of a magnesium

deficiency. The medical necessity for this specific supplement has not been established. Therefore, the request is non-certified.

Oyst-Cal tablets 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Medical Food, Vitamin D.

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered under the supervision of a physician which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the clinical notes submitted, the patient is currently being treated for chronic left knee pain following a left total knee replacement. There is no documentation of calcium deficiency. The medical necessity for the requested supplement has not been established. As such, the request is non-certified.