

Case Number:	CM13-0022357		
Date Assigned:	11/13/2013	Date of Injury:	10/05/2011
Decision Date:	01/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 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. 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 patient is a 59-year-old male who reported an injury on 10/05/2011, after he stepped on a piece of wood, twisting his left ankle. The patient was treated conservatively with an ankle brace and acupuncture. The patient underwent an MRI of the left ankle that revealed evidence of a sprain/strain, small ankle effusion and synovitis, and evidence of a possible anterior talofibular and calcaneofibular ligament tear. The patient underwent left ankle arthroscopy in 11/2013. The patient's postoperative diagnoses included soft tissue impingement of the left ankle, abrading anterior inferior tibiofibular ligament of the lateral talar dome, sinus tarsi fibrosis, and synovitis and scar tissue in the subtalar joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #120: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Theramine®.

Decision rationale: The requested Theramine #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent arthroscopic subtalar debridement. However, there is no evaluation of the patient's postsurgical pain to support medical intervention. Official Disability Guidelines do not recommend the use of Theramine as a medical food, as there is no high-quality scientific evidence to support the efficacy of this treatment. As such, the requested Theramine #120 is not medically necessary or appropriate.