

Case Number:	CM13-0044230		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2009
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Occupational Medicine 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 46 year old male who was injured on 03/10/2009 banging his right knee against a hook on another car's front bumper. Treatment history included physical therapy, medications, acupuncture, aqua therapy, ice, massage, and electrical stimulation. The patient underwent right knee arthroscopic surgery in June 2009 and left knee arthroscopic surgery in January 2010. He also received post-surgical physical therapy. X-ray of the left knee performed on 02/22/2013 revealed low normal left knee medial joint compartment heights. X-ray of the right knee performed on 2/22/2013 was within normal limits. A clinic note dated 08/28/2013 indicates that he presented with no change in his GERD or constipation. He was prescribed Sentra AM #60 and Sentra PM #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: Upheld

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

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

Decision rationale: Sentra AM is a medical food and as per ODG, medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted and reviewed do not include evidence that this patient has any distinctive nutritional requirements. The medical necessity has not been established and the request for Sentra AM #60 is not certified.

Sentra PM #60: Upheld

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

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.

Decision rationale: Sentra PM is a medical food and as per ODG, medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted and reviewed do not include evidence that this patient has any distinctive nutritional requirements. The medical necessity has not been established and the request for Sentra PM #60 is not certified