

Case Number:	CM13-0070171		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2012
Decision Date:	06/05/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 42 year old male who reported an injury on 06/26/2012 of an unknown mechanism. The clinical note date 08/15/2013 indicated the injured worker complained of pain to left elbow of 5/10, and left wrist and hand 8/10. On physical exam, his elbow range of motion was left flexion 130 degrees, extension 0 degrees, supination 70 degrees, and pronation 70 degrees. Cozen's positive on the right. The left wrist range of motion was normal. He was diagnosed with status post left cubital tunnel release surgery, left elbow sprain/strain and left wrist sprain/strain. The injured worker's medication regimen includes percocet, terocin, flurbi cream, gabacyclotram, genicin and somnicin. The request for authorization was not submitted.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines.

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

Decision rationale: The request for Sentra AM #60 is not medically necessary. The injured worker was diagnosed with status post left cubital tunnel release surgery, left elbow sprain/strain and left wrist sprain/strain. The Official Disability Guidelines state that Sentra AM is a compound of amino acids and medical foods. Guidelines also state that medical foods are for the specific dietary management of a disease or condition for which distinctive nutritional requirements. There is no evidence of information in the records of sleep disturbance, depression, or dietary insufficiency. Therefore, per the Official Disability Guidelines, the request for Sentra AM #60 is not medically necessary.