

Case Number:	CM14-0004623		
Date Assigned:	01/24/2014	Date of Injury:	09/25/2013
Decision Date:	08/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational and Emergency 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 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 50-year-old male who injured his right thumb and hand on 9/25/13 due to a trip and fall. The pain from the right hand and thumb radiates to the entire right arm and neck. He was diagnosed with a right thumb ulnar collateral ligament tear. A clinical note dated 9/26/13 stated the injured worker's pain level in his right hand and thumb was 7/10 on the visual analog scale. A clinical note dated 11/4/13 reported that a spica cast on the right thumb was removed and some swelling was noted in the right hand. The injured worker reported mild pain radiating from his right elbow to his right hand. On 12/2/2013 the clinical note stated that the injured worker would continue with occupational therapy and no use of the right hand. The note also stated that the injured worker would work toward returning to regular duty at work after two to four weeks from the date of the exam. The request for unspecified medications was not certified. A request for clarification of the actual medication, dose, and quantity was made but records available for review do not indicate this information was received. A clinical document dated 9/26/13 noted a prescription for Ibuprofen 800 mg, one tablet three times daily but there was no data stating the utilization or efficacy of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medication: 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 Other Medical Treatment Guideline or Medical Evidence: Clinical judgment.

Decision rationale: It is not possible to determine the medical necessity of unspecified medications. The American College of Occupational and Environmental Medicine (ACOEM), the MTUS medication section and other evidence-based guidelines provide evidence and guidance for specific tests and treatments. Since the name, dose, quantity and duration of the medication was not specified in the request, medical necessity can not be determined.