

Case Number:	CM14-0009042		
Date Assigned:	02/12/2014	Date of Injury:	03/16/2012
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 47-year-old with a reported date of injury of 04/30/2011. The patient has diagnoses of chronic cervical strain, bilateral upper extremity overuse syndrome and bilateral carpal tunnel syndrome. Treatment modalities include bilateral carpal tunnel release, physical therapy, joint injection, medication and phonophoresis. The most recent progress note from the primary treating physician dated 11/06/2013 notes the patient having significant relief of the elbow pain after injection but continued tenderness to the touch. Physical exam showed tenderness over the bilateral epicondyles with persistent slight sensitivity over the left carpal tunnel release scar. Treatment plan at that time included referral to psychiatry for reported depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE COMPOUNDS (UNSPECIFIED) DOS: 09/13/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: There are provisions for the use of certain compounding substances in the treatment of chronic pain. However, the medical documentation does not provide any details or clarification of the exact content or which specific compound agents are being requested for utilization. Without these specific details, the compounds cannot be certified for use. The request is not medically necessary and appropriate.