

Case Number:	CM14-0122287		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2012
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery, 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 claimant is a 41-year-old female who was injured on 10/29/12. Records were provided indicating multiple body injuries with unclear mechanism occurred. A recent assessment of 06/07/14 indicates the claimant is status post a left cubital tunnel release procedure stating postoperative care has now included physical therapy, acupuncture, medication management, and activity restrictions. Physical examination reveals restricted range of motion with flexion and extension with pain. There were no other specific findings documented. There were recommendations for a six-week follow up with orthopedic reevaluation and a retrospective interoffice request for a B-12 injection performed 06/20/14. It was already indicated the claimant was to follow up on 07/02/14 with treating surgeon, Dr. [REDACTED]. There is no other documentation of records for review in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic re-evaluation within (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)- ACOEM OMPG (Second Edition, 2004), Chapter 7

Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient ;.

Decision rationale: Based on California ACOEM guidelines consultation with orthopedic reevaluation in six weeks would not be indicated. This claimant was already scheduled to seek reassessment with treating orthopedic surgeon on 07/02/14. There is currently no indication of acute clinical findings or current complaints that would support the need for continued orthopedic treatment. The specific request in this individual's chronic course of care would not be indicated. Therefore, the request is not medically necessary.

In-office intramuscular injection of 2cc of B12 complex and 2cc of B12 Cyanocobalamin (Retro 06/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter-Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: pain procedure Vitamin B Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well-tolerated. (Ang-Cochrane, 2008).

Decision rationale: California MTUS guidelines are silent and Official Disability Guidelines would currently not support the use of B-12 injections for underlying work related injuries or musculoskeletal complaints. While B-12 has multiple purposes including treating diagnosis such as peripheral neuropathy, there is no documentation of long term effect with this inject able in the chronic pain setting.

