

Case Number:	CM14-0184166		
Date Assigned:	11/12/2014	Date of Injury:	05/13/2013
Decision Date:	12/30/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 57 year old female with an injury date on 05/13/2013. Based on the 10/02/2014 handwritten progress report provided by the treating physician, the diagnoses are: 1. Bilateral CTS 2. Right shoulder impingement syndrome 3. Lower extremity strain/sprain, bilateral 4. Cervical strain and sprain 5. Right cubital tunnel syndrome 6. Right elbow medial epicondylitis According to this report, the patient complains of "pain and stiffness." Physical exam reveals tenderness at the cervical spine and right medial epicondyle. Lumbar range of motion decreased. Right shoulder impingement. The 09/11/2014 report indicates "occupational therapy was helpful." Range of motion of the cervical spine is decreased. There were no other significant findings noted on this report. The utilization review denied the request on 10/27/2014. The requesting provider provided treatment reports from 06/27/2014 to 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B6 100mg QD #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain chapter, Vitamin B.

Decision rationale: According to the 10/02/2014 report, this patient presents with "pain and stiffness." The provider is requesting Vitamin B6 100mg QD #100. Regarding Vitamin B6, ODG guidelines states "Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." Given the lack of support from the guidelines recommendation is for denial.

Condrolite 500/250/150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: According to the 10/02/2014 report, this patient presents with "pain and stiffness." The provider is requesting Condrolite 500/250/150mg #90. Condrolite is a Medical Nutritional Supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM 150mg. Regarding Glucosamine, MTUS guidelines state "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." In this case, the patient does not meet the indication for Glucosamine, as she does not present with knee osteoarthritis. Per MTUS guidelines, recommendation is for denial.

Occupational therapy; eight (8) sessions (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the 10/02/2014 report, this patient presents with "pain and stiffness." The provider is requesting Occupational Therapy;8 sessions. The UR denial letter state "This patient attended occupational therapy approved less than 3 months ago but there is no documentation of any objective functional improvement made with that therapy." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of therapy reports from 06/13/2014 to 09/24/2014 shows the patient has attended 13 sessions of therapy. In this case, given that the patient has had 13 sessions recently, the requested 8 additional sessions exceed what is allowed per MTUS. MTUS recommends transitioning into home program. The treater does not mention why additional therapy is needed. There is no new injury, flare-up or other issues. Recommendation is for denial.