

<b>Case Number:</b>	CM14-0027499		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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:

This is a female patient with the date of injury of October 4, 2004. A progress report dated December 30, 2013 identifies subjective findings of ongoing bilateral knee symptomatology. Physical Examination identifies medial and lateral joint line tenderness with some limitation in ranges of motion. The diagnoses identify left knee pain. The treatment plan identifies the patient was administered an intramuscular injection of Vitamin B12. It was recommended the patient receive authorization for Solar Care knee wraps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective intramuscular injection of B12 complex (DOS 12/30/13): 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

**Decision rationale:** Regarding the request for retrospective intramuscular injection of B12 complex (DOS 12/30/13), The California MTUS guidelines do not contain criteria for the use of

B12. The Official Disability Guidelines (ODG) states that vitamin B is not recommended. The ODG also states that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. As such, the request for retrospective intramuscular injection of B12 complex (DOS 12/30/13) is not medically necessary.

**Right and left solar care knee wraps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Section Non-prescribed physical methods.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for right and left solar care knee wraps, the California MTUS and Official Disability Guidelines (ODG) do support the use of simple heat/cold packs. Within the documentation available for review, there is no documentation supportive of the need for specialized knee wraps rather than simple heat/cold packs. In the absence of such documentation, the request for right and left solar care knee wraps is not medically necessary.