

Case Number:	CM14-0048361		
Date Assigned:	06/20/2014	Date of Injury:	09/22/2009
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Nevada. 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 41-year-old female who was reportedly injured on September 22, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicates that there are ongoing complaints of bilateral shoulder, hand, and wrist pain. The physical examination demonstrated full range of motion of the shoulders with pain. There was tenderness at the acromioclavicular joints bilaterally. There was full range of motion of the wrists with pain and a positive Tinel's test as well as decreased sensation in the bilateral median nerve distributions. A request had been made and was not medically necessary in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Intramuscular Injection of Vitamin B-12 Complex between 2/11/2014 and 2/11/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Vitamin B, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines vitamin B is not recommended. It's efficacy for treating peripheral neuropathy has not been established. This request for a vitamin B12 injection is not medically necessary.

Retrospective request for one 2 cc Intramuscular Injection of Toradol between 2/11/2014 and 2/11/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ketorolac, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, a Toradol intramuscular (IM) injection is recommended as an option to corticosteroid injections or an alternative to opioid therapy. According to the most recent note dated March 11, 2014, a Toradol injection was not administered as a specific option for corticosteroid injection or as an alternative opioid therapy. This request for a Toradol intramuscular injection is not medically necessary.