MAXIMUS Federal Services

Case Number:	CM14-0077936		
Date Assigned:	07/18/2014	Date of Injury:	07/12/2007
Decision Date:	09/11/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 63-year-old with a reported date of injury of 01/30/2008 as a result of cumulative trauma. The patient has a diagnoses of left claw hand, bilateral cubital tunnel syndrome, right knee arthritis with meniscal and popliteal cysts, right should tendonitis, lumbar spine herniated disc disease, radiculitis left lower extremity, cervical and thoracic multi-level disc protrusions, right trigger thumb, chronic regional pain syndrome, right carpal tunnel release, left knee meniscal tear, right hip internal derangement, right tibial contusion and depression. Past treatment modalities have included surgical intervention. Per the progress reports provided by the primary treating physician dated 06/13/2014, the patient had complaints of worsening of numbness in the upper extremities with visual disturbance and moderate to severe pain in the knee, upper extremities back and hip. Physical exam noted tenderness over the paracervical musculature, parascapular musculature, posterior superior iliac spine, paralumbar musculature, parashoulder muscles. There was also decreased range of motion in the cervical and lumbar spine, the shoulder and hand. There was also a positive bilateral straight leg raise, and diminished sensation in the left lower extremity over the L5-S1 nerve distribution. Treatment plan consisted of waiting for medical clearance for left knee diagnostic arthroscopy, ophthalmology referral for visual disturbance and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

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Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/United States National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Mayo clinic/drug information.

Decision rationale: The California MTUS and the ACOEM do not address the requested medication. The Mayo Clinic pharmaceutical index states the requested medication is a nasal spray indicated for the relief off nasal congestion secondary to allergic and non-allergic perennial rhinitis.A review of the medial records from both the primary treating physician and the secondary treating internist do not mention this diagnosis. Therefore, this request is not medically necessary.