

Case Number:	CM14-0202977		
Date Assigned:	12/15/2014	Date of Injury:	03/04/2008
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Interventional spine 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 65-year-old female with date of injury 03/04/2008. The listed diagnoses from 08/23/2014 are: 1. Posterior tibial tendonitis and interstitial tears 2. Left ankle collateral ligament sprain 3. Left ankle peroneus longus tendinitis. According to this report, the patient complains of left ankle, wrists, hands, and forearm pain. She rates her pain 6/10 on the numeric pain scale. Her current list of medications include Vicodin, Lantus, NovoLog, hydrochlorothiazide, lisinopril. Examination shows mild tenderness overlying the left retrocalcaneal bursa of the left ankle. Range of motion of the ankle is 10 upon dorsiflexion and plantar flexion. Positive Talar tilt test of the left ankle. Moderate tenderness, left greater trochanter and bursa. Mild tenderness over the left Achilles tendon. Her gait is guarded. Treatment reports from 03/18/2014 to 11/22/2014 were provided for review. The utilization review denied the request on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective EZ USE B-12 Kit Compliance Injection (DOS: 8/23/14): Upheld

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

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: AETNA on Vitamin B-12

Decision rationale: This patient presents with left ankle, wrist, hands, and forearm pain. The treater is requesting retrospective EZ use b-12 kit compliance injection (DOS 08/23/2014). The MTUS, ACOEM and ODG Guidelines do not address this request. However, Aetna considers vitamin B-12 injections medically necessary only for patient with current or previously documented B-12 deficiency and any of the following diagnoses and conditions: anemia, gastrointestinal disorders, neuropathy, dementia secondary to B12 deficiency, Homocystinuria, etc. Administration of vitamin B-12 injections for more than 2 to 3 months is subject to review to ascertain if deficiency/abnormalities have improved and to decide whether continued treatment is medically necessary. The records show that the patient has not received a vitamin B-12 in the past. The treater does not discuss why the patient requires vitamin B-12. None of the records show any of the listed criteria required by Aetna for vitamin B12 therapy. Given that the patient does not meet the criteria given by Aetna for continued vitamin B12 therapy, the request is not medically necessary.