

Case Number:	CM15-0006685		
Date Assigned:	01/23/2015	Date of Injury:	12/26/2012
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 62 year old male, who sustained an industrial injury December 26, 2012. The injured workers chief complaint was of right forearm pain. The injured worker was diagnosed with radial nerve neuropathic pain, plantar fasciitis, pain in the joint of the forearm and status post right and left rotator cuff repair. The injured worker has had an epidural nerve block with good success. The diagnostic stellate ganglion block was unsuccessful with little benefit to the right shoulder, arthroplasty of the right shoulder and left rotator cuff repair, MRI of the right forearm, electromyography of the right upper extremity, acupuncture to the right upper extremity and bilateral ankles, physical therapy, TENS (transcutaneous electrical nerve stimulator) unit, pain medication. On November 26, 2014, the treating physician 1 monopolar capacitive coupled radiofrequency to right forearm/radial nerve for pain relief and a prescription renewal for Metanx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monopolar capacitive-coupled radiofrequency (mcRF) to right forearm/radial nerve:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The injured worker sustained a work related injury on December 26, 2012. The medical records provided indicate the diagnosis of radial nerve neuropathic pain, plantar fasciitis, pain in the joint of the forearm and status post right and left rotator cuff repair. The injured worker has had an epidural nerve block with good success. Diagnostic stellate ganglion block was unsuccessful with little benefit to the right shoulder. Other treatments included arthroplasty of the right shoulder and left rotator cuff repair. The medical records provided for review do not indicate a medical necessity for Monopolar capacitive-coupled radiofrequency (mcRF) to right forearm/radial nerve. Although in their paper entitled, "Monopolar capacitive coupled Radiofrequency (mcRF) and ultrasound-guided Platelet Rich Plasma (PRP) give similar results in the treatment of enthesopathies: 18-month follow-up, the authors, [REDACTED], and [REDACTED], reported positive benefit when used in treating in tendinopathies and chronic ligament conditions of the elbow, hip, knee and foot that had failed conservative treatment, the requested treatment is not listed in MTUS as one of the recommended methods of treating inquires involving the Forearm, neither is it referenced by the Official Disability Guidelines or any other major guideline. The requested treatment is not medically necessary and appropriate.

Metanx 3-35-2mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Metanx website

Decision rationale: The injured worker sustained a work related injury on December 26, 2012. The medical records provided indicate the diagnosis of radial nerve neuropathic pain, plantar fasciitis, pain in the joint of the forearm and status post right and left rotator cuff repair. The injured worker has had an epidural nerve block with good success. Diagnostic stellate ganglion block was unsuccessful with little benefit to the right shoulder. Other treatments included arthroplasty of the right shoulder and left rotator cuff repair. The medical records provided for review do not indicate a medical necessity for Metanx 3-35-2mg #60. The company website states that Metanx is a medical food for use under medical supervision. The MTUS is silent on medical food; the Official Disability Guidelines recommends against medical food. These guidelines states, "Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There are no

quality studies demonstrating the benefit of medical foods in the treatment of chronic pain." Therefore, the requested treatment is not medically necessary and appropriate.