

Case Number:	CM15-0162829		
Date Assigned:	08/31/2015	Date of Injury:	10/04/2013
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 24 year old male, who sustained an industrial injury on 10-4-2013. He reported left forearm injury from kick back of a saw. The injured worker was diagnosed as having myofascial pain syndrome and left arm injury. Treatment to date has included medications, urine toxicology (3-18-2015, 6-17-2015), extensor carpi radialis longus and extensor indicis proprius surgical repairs (10-4-2013). The request is for left forearm surgery for continuing pain and neuroma symptoms with possible CRPS, and multi-vitamins #180. Several pages of the medical records have handwritten information which is difficult to decipher. On 6-17-2015, he reported left forearm pain with numbness of the left hand. He is reported to be taking medications with relief. He is on work restrictions. The treatment plan included: Naprosyn, omeprazole, Neurontin, and lidopro. On 6-22-2015 a QME report indicated he continued to have left upper extremity pain. The treatment plan is left forearm surgery. He is working modified duty. On 7-29-2015 his work status is reported as qualified injured worker. He is reported as deciding to have surgery and taking medications with benefit. The treatment plan included: Naprosyn, omeprazole, Flexeril, Neurontin, lidopro, and left forearm surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left forearm surgery with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 24-year-old male with a date of injury of 10/4/2013. He sustained a laceration of the left mid forearm from a skill saw. He underwent surgical repairs of extensor carpi radialis longus and extensor indices proprius tendons at that time. Subsequently there was a question of complex regional pain syndrome with continuing pain in the left forearm and some trophic changes in the hand. A request for revision surgery was noncertified a year ago. The reason for the denial was absence of any imaging or special study evidence of a lesion which is known to benefit in both the short and long-term from surgical repair. The injured worker also did not want any surgery at that time. The disputed issue at this time pertains to a request for left forearm surgery 2 years after the injury with no recent evaluation by the Hand Surgeon and no specific documentation of the nature of surgery that is being requested. The available documentation includes a recent QME that recommended surgery. Utilization review has authorized a hand surgery consultation. However, the surgical request as stated for "left forearm surgery with [REDACTED]" does not specify the exact nature of the surgery and as such, the medical necessity of the request cannot be determined and therefore is not medically necessary.

Multi-vitamins #180: 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 Harrison's Principles of Internal Medicine 18th Edition: Topic: Vitamins.

Decision rationale: According to Harrison's Principles of Internal Medicine vitamins are required constituents of the human diet. Only small amounts of these substances are needed to carry out essential biochemical reactions. Overt vitamin or trace mineral deficiencies are rare in Western countries due to a plentiful varied and inexpensive food supply; however, multiple nutrient deficiencies may appear together in persons who are chronically ill or alcoholic. In this case, the documentation does not indicate that the injured worker is chronically ill or alcoholic. As such, vitamin supplementation is not recommended and the medical necessity of the request for multivitamins #180 has not been substantiated and therefore is not medically necessary.