

Case Number:	CM14-0118676		
Date Assigned:	08/06/2014	Date of Injury:	02/10/2008
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 records presented for review indicate that this 51 year-old male was reportedly injured on February 10, 2008. The mechanism of injury is noted as a minor blunt force trauma to the great toe. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of right shoulder, right foot and ankle, and low back pain. It is reported that increase activity increases the pain. The physical examination demonstrated tenderness to palpation in the lower lumbar region, and a decrease lumbar spine range of motion. Diagnostic imaging studies were not discussed in the multiple progress notes presented for review. Previous treatment includes multiple medications, physical therapy, ultrasound evaluation and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 9 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin E 800mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain: Clinical Measures; Medications-Vitamins (Electronically Cited)

Decision rationale: As noted in the ACOEM guidelines, there is no support for dietary supplement for the treatment of chronic pain. Furthermore, there is no clear clinical indication how this particular preparation is to be deployed or what issues it is going to be addressing. Therefore, based on this and complete clinical information this is not medically necessary.

Citracal QD: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain: Clinical Measures; Medications-Vitamins (Electronically Cited)

Decision rationale: As noted in the ACOEM guidelines, there is no support for dietary/calcium supplement for the treatment of chronic pain. Furthermore, there is no clear clinical indication how this particular preparation is to be deployed or what issues it is going to be addressing. Therefore, based on this and complete clinical information this is not medically necessary.

Glucosamine/Chondroitin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Glucosamine (and Chondroitin sulfate)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: MTUS chronic pain guidelines support glucosamine and chondroitin sulfate as an option in patients with moderate knee osteoarthritis. Review of the available medical records fails to document a diagnosis or imaging studies demonstrating osteoarthritis of the knees. Furthermore, when considering the date of injury, the mechanism of injury, the injury sustained and lack of specific competent, objective and independently confirmable medical evidence of an inflammatory process, this request is not medically necessary.

Medical tape for foot: 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: A literature review does not indicate any clinical citation for the use of this device. No guidelines apply to this request. Therefore, clinical judgement and experience was applied.

Decision rationale: A review of the progress notes presented for review does not indicate why this tape is being dispensed. Therefore, without any particular clinical indication and noting that there are no literature citations use of such a device. There is insufficient clinical information presented to establish the medical necessity of this request.

Orthopedic Shoes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fred negative chapter updated July, 2014

Decision rationale: When noting the date of injury, the injury sustained, the current physical examination findings and the parameters noted in the ODG (MTUS and ACOEM do not address) the only indication for custom orthotic footwear is plantar faciitis. In as much as this is not the diagnosis being addressed, this insufficient clinical information presented to support this medical necessity.