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| Case Number: | CM14-0163986 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 02/16/2011 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Arizona. 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:

Patient is a 63 year old female with a date of injury on 2/16/2011. Subjective complaints are of back, knee, shoulder, and wrist pain. Physical exam shows right shoulder AC joint tenderness, impingement signs, and decreased range of motion. There is a decreased ankle reflex, and weakness in the plantar flexors. The knee has patellar grind, positive McMurray's, and varus/valgus instability. Medications include Vicodin. Request is for the medical food, Appttrim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appttrim #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, MEDICAL FOODS

Decision rationale: This product is a medical food which is a blend of multiple ingredients. The Official Disability Guidelines (ODG) states that medical food is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for specific

dietary management of a specific disease condition. For this patient, there is no documentation of an underlying nutritional deficit or specific disease process for which a medical food would be indicated. Therefore, the medical necessity for Apptrim is not established.