

Case Number:	CM14-0027238		
Date Assigned:	03/07/2014	Date of Injury:	05/30/2012
Decision Date:	05/20/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine and is licensed to practice in New York. 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 41 year old male with a date of injury of 05/30/2012. He had a slip and fall accident and fell on both knees. He continued working. The diagnosis is right knee strain/sprain and right knee contusion. On 06/03/2012, the x-ray of the right knee was normal. He was treated with Naproxen and had 6 physical therapy visits. He returned to full duty work (released for full duty on 07/11/2012) and then noted low back pain. He stopped work on 07/19/2012. On 08/08/2012 MRI of each knee revealed effusion with medial meniscus tear. MRI of the lumbar spine revealed 2 mm to 3 mm disc bulge. On 08/29/2012, an EMG/NCS revealed bilateral L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM #60: 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 MTUS guidelines by Kryger MH, Roth T, Dement WC, Principles and Practice of Sleep Medicine, 5th Edition. 2011.

Decision rationale: MTUS ACOEM for knee complaints and for low back complaints do not mention Sentra as a recommended treatment. This is a medical food that can be used for sleep disorders. There is no documentation of any primary sleep disorder. There is insufficient documentation to substantiate the medical necessity of this medical food at this point in time.

APPTRIM #120: 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 MTUS article by Angell M, Kassirer JP., Alternative Medicine: The Risk of Untested and Unregulated Remedies in the New England Journal of Medicine.

Decision rationale: This is a supplement. It is not mentioned in the MTUS ACOEM guidelines for treatment of knee or back complaints. This is alternative medicine treatment that has not documented to be safe or effective treatment. Adverse effects of this product no longer have to be reported to the FDA by the manufacturer. This is not within the standard of care and, therefore, is not medically necessary.