

Case Number:	CM14-0214890		
Date Assigned:	01/07/2015	Date of Injury:	06/03/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female with the injury date of 06/03/13. All hand-written reports provided by the treater contain little information regarding the patient's condition, treatment history, medication, etc. Per physician's report 11/05/14, the patient has pain in her right shoulder and right hand at 4-6/10. The diagnosis is impingement syndrome. The patient remains off work. The patient reports insomnia and fatigue. Per 09/09/14 progress report, the patient's right shoulder symptoms have been better and her left knee pain is persistent with swelling. The lists of diagnoses are: 1) Shoulder arthroplasty. 2) ACC tear. 3) Knee arthropathy. The treater requested for DME neck brace, orthopedic consultation regarding right shoulder and left knee. Per 09/03/14 progress report, the patient has right sholder pain at 5/10. Her right shoulder abduction is 100 degrees and flexion is 130 degrees. There is tenderness over lateral aspect of right elbow. X-ray of the left knee from 07/15/14 reveals degenerative marginal osteophyte of the posterior aspect of the medial patellar articular surface. Per 08/06/14 progress report, the patient has right shoulder pain at 6/10, radiating down her right arm and right hand pain at 6/10. X-ray of the right shoulder reveals degenerative changes of AC joint and MRI reveals 1) supraspinatus tendinosis. 2) bicep teninosis. 3) effusion. 4) bursitis. The lists of diagnoses are: 1) Right shoulder tendinosis. 2) Right shoulder bursitis. 3) Right wrist sprain. The utilization review determination being challenged is dated on 12/12/14. Treatment reports were provided from 07/15/14 to 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #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 (ODG), Pain (Chronic), Medical food <http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Medical food

Decision rationale: The patient presents with pain and weakness in her right shoulder, right arm and left knee. The request is for Sentra AM #60. None of the reports mention medications. Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, and neurotoxicity-induced fatigue syndrome. Sentra AM is a patented blend of neurotransmitter and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-Lcarnitine, glutamate, and cocoa powder). The MTUS and ACOEM guidelines are silent when it come to this product. ODG on medical food states that for Choline, There is no known medical need for choline supplementation. In this case, choline, and ingredient in Sentra is not supported by ODG guidelines. Therefore, the current request is not medically necessary.