

<b>Case Number:</b>	CM15-0113348		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 32 year old female who reported an industrial injury on 8/7/2012. Her diagnoses, and/or impressions, are noted to include: cervical musculoligamentous strain/strain; cervical disc protrusion and radiculopathy; right shoulder bicipital tenosynovitis; thoracic musculoligamentous strain/strain; right wrist/hand/upper extremity sprain/strain; and bilateral knee meniscus tears. No current imaging studies are noted. Her treatments have included an agreed medical examination on 7/9/2014; a medical-legal supplemental report on 2/13/2015; diagnostic studies; a home exercise program; medication management with toxicology screenings; and rest from work and restricted work duties. The progress notes of 12/16/2014 reported complaints of constant, moderate neck pain that radiated to the bilateral upper extremities; frequent, mild right shoulder pain; and occasional mild right wrist pain on medications, which also allow her to walk and sleep longer, and to perform her chores. Objective findings were noted to include tenderness along the cervical spine, with tenderness/spasms along the bilateral trapezius muscles, and decreased range-of-motion, tenderness along the right biceps tendon that is with decreased range-of-motion, tenderness along the right carpals segments with positive Phalen's on the right, and decreased range-of-motion. No medical records provided, in either medical record file, note the inclusion for the recommendation of Theramine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #90:** 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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Medical foods.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that medical foods are not recommended unless the patient has a medical condition that prevents absorption of the prescribed nutrients. The provided clinical documentation for review fails to show any form of malabsorption. Therefore the request is not medically necessary.