

Case Number:	CM15-0072734		
Date Assigned:	04/23/2015	Date of Injury:	08/01/1998
Decision Date:	06/02/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68 year old female, who sustained an industrial injury on 8/1/98. The injured worker was diagnosed as having chronic left shoulder pain, chronic insomnia, open wound of hip and thigh, cerebral meningioma, chronic deep vein thrombosis of the lower extremity, obesity, anemia, and major depression. Treatment to date has included hip replacement, physical therapy, home exercise, chiropractic treatment, and medications. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for Ferrous Sulfate 325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ferrous Sulfate 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Iron Deficiency Anemia: Evaluation and Management, American Family Physician. 2013 Jan 15;87(2):98-104.

Decision rationale: The MTUS and the Official Disability Guidelines were both silent on this issue. Alternative Guidelines were referenced. According to the Association of American Family Physicians, there are no standard recommendations for follow-up after initiating therapy for iron deficiency anemia; however, one suggested course is to recheck complete blood counts every three months for one year. If hemoglobin and red blood cell indices remain normal, one additional complete blood count should be obtained 12 months later. A more practical approach is to recheck the patient periodically; no further follow-up is necessary if the patient is asymptomatic and the hematocrit level remains normal. There is no documentation of ongoing monitoring. Ferrous Sulfate 325mg #60 is not medically necessary.