

Case Number:	CM14-0129436		
Date Assigned:	08/18/2014	Date of Injury:	08/30/2000
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on August 30, 2000. The mechanism of injury is stated to be falling off a ladder. The most recent progress note, dated July 9, 2014, indicates that there are ongoing complaints of right foot swelling, stiffness, and pain with walking. Current medications include Lidoderm, methadone, Norco, and omeprazole. The physical examination demonstrated swelling and tenderness over the lateral aspect of the ankle and hind foot. There was an antalgic gait and persistent calf atrophy. Diagnostic imaging studies demonstrate satisfactory removal of previous plates and screws. There was arthritis evident in the tarsal metatarsal joints and the subtalar joint. There was an incomplete bony union of the calcaneal cuboid joint. Previous treatment includes left ankle surgery, physical therapy, and orthotics. A request had been made for one pair of custom molded longitudinal arch supports, six additional physical therapy sessions, and an x-ray of the left foot and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (G.I.) disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Prospective request for 6 physical therapy visits for the left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines and Post Surgical Treatment Guidelines, twenty-one visits of physical therapy are indicated for postsurgical treatment of a fracture of the ankle or foot. A review of the available medical record indicates that the injured employee has participated in six visits. Therefore this request for six additional visits of physical therapy is medically necessary.