

Case Number:	CM14-0020084		
Date Assigned:	04/23/2014	Date of Injury:	08/20/2013
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 54-year-old male with an 8/30/13 date of injury. At the time (1/21/14) of the request for authorization for Omeprazole 20mg #30 as prescribed in 1/21/14, additional physical therapy to treat the left ankle/foot 3 x 2, and custom orthotic for left foot/ankle, there is documentation of subjective (moderate, intermittent left ankle pain) and objective (mild tenderness to palpation left ankle/foot, full range of motion with mild pain) findings, current diagnoses (foot pain and ankle pain), and treatment to date (medication including multiple NSAID therapy, CAM walker, and 12 physical therapy sessions). Regarding additional physical therapy to treat the left ankle/foot 3 x 2, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy; and a statement of exceptional factors to justify going outside of guideline parameters. Regarding custom orthotic for left foot/ankle, there is no documentation of plantar fasciitis or metatarsalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30 AS PRESCRIBED IN 01/21/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of foot pain and ankle pain. In addition, there is documentation of multiple NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #30 as prescribed in 1/21/14 is medically necessary.

ADDITIONAL PHYSICAL THERAPY TO TREAT THE LEFT ANKLE /FOOT 3 X 2:
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), Ankle & Foot, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of ankle pain not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of foot pain and ankle pain. In addition, there is documentation of treatment with 12 physical therapy sessions, which exceeds guidelines recommendations. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Furthermore, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy to treat the left ankle/foot 3 x 2 is not medically necessary.

CUSTOM ORTHOTIC FOR LEFT FOOT/ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision, as criteria necessary to support the medical necessity of replacement of durable medical equipments. Within the medical information available for review, there is documentation of diagnoses of foot pain and ankle pain. However, there is no documentation of plantar fasciitis or metatarsalgia. Therefore, based on guidelines and a review of the evidence, the request for custom orthotic for left foot/ankle is not medically necessary.