

Case Number:	CM14-0046006		
Date Assigned:	07/02/2014	Date of Injury:	09/15/2005
Decision Date:	08/20/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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:

This employee is a 53 year old male with date of injury of 9/15/2005. A review of the medical records indicate that the patient is undergoing treatment for tarsal tunnel syndrome. Subjective complaints include continued pain in feet bilaterally, especially upon prolonged walking. Objective findings include Achilles and patellar reflexes at 2/4, mild hypersensitivity to medial aspect of the foot, pain upon direct palpation of left foot. Treatment has included surgical correction of tarsal tunnel and physical therapy. The utilization review dated 4/03/2014 non-certified Prilosec 20 mg #30, a home weight loss program, home care, and transportation to and from appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg #60 is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, Weight loss programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: CMS 40.5 - Treatment of Obesity.

Decision rationale: There is no medical documentation of a history of attempts at weight loss which have resulted in sub-optimal results. Enrollment in a weight loss program other than following basic nutritional guidelines cannot be supported by the documents submitted in the medical record. The MTUS does not address the issue of weight loss programs, so this decision is based on Medicare guidelines. Those guidelines state that other than for diseases such as hypothyroidism, Cushing's and a few other chronic diseases, a weight loss program is not covered. Therefore, a weight loss program is not medically necessary.

Home care four (4) hours a day, five (5) days per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: After a review of the medical documentation provided, it does not indicate that the employee is homebound, since he has gone to 16 physical therapy appointments. Per California MTUS home health services are recommended treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request for Home care; four hours per day, five days per week for six weeks is not medically necessary and appropriate.

Transportation to and from all medical appointments: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation.

Decision rationale: The Official Disability Guidelines recommends transportation for medically necessary appointments in the same community for patients with disabilities preventing them from self transport. As there was no documentation to support deficits that would prevent the employee from providing self transport to and from medically necessary appointments, since he has gone to 16 physical therapy appoints. Therefore, the request for transportation to all medical visits is not medically necessary and appropriate.