

<b>Case Number:</b>	CM15-0088375		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New Jersey

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:

This 55-year-old woman sustained an industrial injury on 1/18/2014. The mechanism of injury is not detailed. Diagnoses include lumbar strain/sprain, internal derangement of the bilateral knees, plantar fasciitis of the left foot, osteoarthritis of the right foot, and chronic swelling of the bilateral legs. Treatment has included oral medications. Physician notes on a PR-2 dated 3/23/2015 show complaints of left foot severe pain and locking as well as right lower extremity pain. Recommendations include continue home exercise program, Prilosec, warm soaks with salts, podiatrist consultation, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatrist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164 (NOT MTUS - not in PDF).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the requesting provider documented left foot locking and severe pain of the left foot and right ankle with objective findings including tenderness of the right leg, right ankle, and left foot and decreased range of motion of the left foot. No other more specific physical findings were documented in the notes. Then, the worker was referred to a podiatrist. There was no documentation, which helped explain the reasoning for the referral, which could not be performed by the current orthopedic provider such as help with diagnosis, performing injections or surgery, etc. Without a more clear indication for this referral, the request will be considered not medically necessary at this time.

**Prilosec 20 mg #30:** 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), proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence of a history suggestive of an elevated risk for gastrointestinal events. Therefore, the request for Prilosec will be considered not medically necessary at this time.