MAXIMUS Federal Services

Case Number:	CM14-0162399		
Date Assigned:	10/07/2014	Date of Injury:	05/01/2014
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiologist, has a subspecialty in Pain 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:

The injured worker is a 50-year-old female who reported injury on 05/01/2014. The mechanism of injury was injured worker rolled her foot when she stepped awkwardly onto a wheelchair ramp. The surgical history was not provided. The injured worker underwent an MRI of the left foot without contrast on 07/30/2014, which revealed a healing fracture of the mid shaft of the second metatarsal with evidence of periosteal reaction and cortical thickening. There was some raw marrow signal alteration in the second metatarsal shaft. The fracture was visible. There was a sprain of the Lis franc ligament and there were osteoarthritic changes of the great toe. The injured worker's medications were noted to include Omeprazole 20 mg. The documentation of 08/05/2014, revealed the injured worker had some achiness, stiffness and burning in the right foot. The injured worker had been in a tall CAM walker for 4 weeks. The objective findings revealed a non-displaced fracture of the second metatarsal and a sprain of the Lis franc ligament. There was no physical examination submitted. The treatment plan included authorization for physical therapy 2 times 3 and a CAM walker. There was no documented rationale for the requested interventions. There was no Request for Authorization or rationale for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left custom orthotics with arch support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that rigid orthotics is recommended for the right of metatarsalgia. The clinical documentation submitted for review indicated the injured worker had a diagnosis of left foot second metatarsal fracture and left foot Lis franc ligament sprain. There was a lack of documentation indicating the injured worker had metatarsalgia. The request for custom orthotics would not be supported as there was a lack of documentation indicating the injured worker had utilized and failed off the shelf orthotics. Given the above, the request for left custom orthotics with arch support is not medically necessary.

Right custom orthotics with arch support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that rigid orthotics is recommended for the right of metatarsalgia. The clinical documentation submitted for review indicated the injured worker had a diagnosis of left foot second metatarsal fracture and left foot Lis franc ligament sprain. There was a lack of documentation indicating the injured worker had metatarsalgia. The request for custom orthotics would not be supported as there was a lack of documentation indicating the injured worker had utilized and failed off the shelf orthotics. Given the above, the request for right custom orthotics with arch support is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for patients at intermediate or high risk for gastrointestinal events. The patients with no risk factor or no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. There was a lack of documentation of other medications with the exception of Omeprazole. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation.

There was a lack of documentation indicating the duration of use for Omeprazole and the efficacy. The request failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #30 with 2 refills is not medically necessary.

Additional PT 2 x 3 to left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The California MTUS Guidelines recommend 8 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate prior treatments. However, this request was for additional physical therapy. As such, there was a lack of documentation of objective functional improvement and quantity of sessions previously attended. There was a lack of documentation indicating the injured worker's objective functional deficits. Given the above, the request for additional physical therapy 2 times 3 to the left foot is not medically necessary.