

Case Number:	CM15-0017474		
Date Assigned:	02/05/2015	Date of Injury:	10/21/2013
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old male who sustained an industrial injury on 10/21/2013. He was status post open reduction and internal fixation of a complex calcaneal fracture on 10/30/13, and tenolysis of the peroneal tendons on 10/14/2014. The patient had completed 8 post-op physical therapy visits with progress noted relative to full weight bearing in a standard shoe and in clinical findings. Records documented use of non-steroidal anti-inflammatory drugs since the date of injury, with reported complaints of gastrointestinal upset. The 12/26/2014 treating physician report documented the injured worker was at full weight bearing in standard shoes, and using a cane. He had a local area of pain distal to the incision. He also had pain in his lateral right hip, right knee and low back, probably from antalgic gait. He had some numbness to the dorsal lateral foot since the surgery. Physical exam documented excellent tendon range of motion, some paresthesias along the sural nerve distribution, focal tenderness at the fifth metatarsal base, and otherwise minimal tenderness. Ankle range of motion was at least 50% of the opposite side. The treatment plan indicated a change in the anti-inflammatory medication to Nabumetone with continued use of Pantoprazole. Additional post-operative therapy was requested. On 01/07/2015 Utilization Review modified the request for eight post-operative physical therapy visits to 4 post-operative physical therapy visits, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Post-Surgical Physical Medicine Treatment. On 01/07/2015 Utilization Review non-certified the request for Pantoprazole 40 mg, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight post-operative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for ankle/foot tendon surgery suggest a general course of 8 post-operative visits over 3 months during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy. Guideline criteria have not been met. The patient had completed 8 post-op visits and was at full weight bearing status in regular shoes. He continued to have an antalgic gait, causing low back and right lower extremity symptoms. The 1/7/15 utilization review modified this request to 4 additional visits to address gait-associated pain complaints. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.

Pantoprazole 40 mg: Overturned

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 rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Pantoprazole, for patients at risk for gastrointestinal events, and for the treatment of dyspepsia secondary to NSAIDs therapy. Guideline criteria have been met. This patient is on NSAID therapy with documented complaints of gastrointestinal upset. Therefore, this request is medically necessary.