

Case Number:	CM15-0072362		
Date Assigned:	04/22/2015	Date of Injury:	02/28/2014
Decision Date:	06/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 22 year old female, who sustained an industrial injury on 2/28/2014. She reported injury of the right knee and ankle. The injured worker was diagnosed as having right ankle sprain and compensatory right knee strain. Treatment to date has included medications, magnetic resonance imaging, physical therapy, and cam boot. The request is for additional physical therapy for the right lower extremity, Prilosec, and Tramadol. On 2/2/2015, she complained of right knee pain and swelling. The records indicate she had completed 3/6 physical therapy visits with noted improvement to her pain. The treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right lower extremity: 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).

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

Decision rationale: Guidelines state that physical therapy should be faded from up to 3 visits per week to 1 or less plus active self-directed home PT. In this case, the patient attended 18 physical therapy sessions and there was no documentation of indications for therapy extension and reasons why an independent home exercise program was not pursued. The request for additional physical therapy twice a week for 3 weeks is not medically necessary and appropriate.

Prilosec 20 mg, thirty count: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Guidelines recommend PPI therapy for patients at moderate to high risk for gastrointestinal events. In this case, there is no documentation that the patient is at increased risk for GI events. The request for Prilosec 20 mg#30 with one refill is not medically appropriate and necessary.

Tramadol 50 mg, 120 count: 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).

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

Decision rationale: Guidelines recommend ongoing assessment of efficacy, side effects, increase in functional status and signs of aberrant drug use in all patients on opioids. In this case, there is no documentation of maintained increase in function, decrease in pain or evidence of screening exams for misuse. The request for Tramadol 50mg, 120 count is not medically appropriate or necessary.