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| Case Number: | CM14-0140427 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 02/24/2012 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier knee meniscectomy procedure; opioid agents; earlier hand surgery; and extensive periods of time off of work. The applicant's case and care were complicated by comorbid diabetes, it was acknowledged. In a Utilization Review Report dated August 7, 2014, the claims administrator approved a request for Tylenol, denied a request for Prilosec, and denied a request for 12 sessions of physical therapy. The claims administrator based some of its denials, in part, on previously unfavorable IMR reports. The claims administrator also apparently complained that the attending provider's documentation had made it somewhat unclear as to which knee the physical therapy in question was being proposed for. The claims administrator did reference a June 27, 2014 progress note in which it was suggested that the applicant was off of work, on total temporary disability, following earlier knee surgery of April 2014. The applicant's attorney subsequently appealed. In an August 23, 2013 progress note, the applicant apparently presented with persistent complaints of knee pain with associated catching and locking. Naproxen, Prilosec, and Norco were renewed. The applicant was apparently not working, it was acknowledged. There was no explicit mention of issues with reflux, heartburn, or dyspepsia. In a May 16, 2013 order form, the applicant was given a prescription for Celebrex. On February 24, 2014, it was suggested that the applicant had persistent complaints of left knee pain and was in the process of pursuing medial meniscectomy. Norco was renewed. In a Medical-legal Evaluation dated January 15, 2014, it was suggested that the applicant was not working as a landscaper owing to a variety of knee and hand

complaints. The remainder of the file was surveyed. There was no explicit mention or discussion of issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60, 1 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, however, there was no clear mention or evidence of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

12 additional sessions of physical therapy, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: As noted in MTUS 9792.24.3.c.4.b, postsurgical physical medicine shall be discontinued at any time during the postsurgical physical treatment period in applicants in whom no functional improvement is demonstrated. In this case, the applicant, per the claims administrator, was off of work, on total temporary disability, despite having completed earlier treatment (12 sessions), seemingly consistent with the 12-session course recommended in MTUS 9792.24.3 following earlier knee meniscectomy surgery, as reportedly transpired here in March 2014. The applicant, however, failed to demonstrate a favorable response to earlier treatment. The applicant remained off of work, the claims administrator posited, on progress notes of May 27, 2014 and June 27, 2014. While it is acknowledged that several of these progress notes were not incorporated into the Independent Medical Review packet, the information which is on file, however, does suggest that the applicant had, in fact, failed to derive any lasting benefit or functional improvement through earlier treatment in amounts consistent with MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.