

Case Number:	CM15-0122486		
Date Assigned:	07/06/2015	Date of Injury:	09/19/2014
Decision Date:	10/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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
 Certification(s)/Specialty: Pediatrics, Internal 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 48-year-old female, with a reported date of injury of 09/19/2014. The mechanism of injury was a fall backwards, landing in a seated position. She used her right arm to break the fall, and twisted her right knee. The injured worker's symptoms at the time of the injury included pain in her neck, right elbow, back, and right knee. The diagnoses include cervical strain, multi-level disc disease of the cervical spine lumbar strain, right elbow strain, and right knee strain. Treatments and evaluation to date have included oral medications, a back brace, physical therapy, and injection to the left trapezius muscle. The diagnostic studies to date have included an MRI of the cervical spine on 01/27/2015, which showed multi-level disc disease; an MRI of the right knee, which showed a Baker's cyst; and x-rays. The progress report dated 05/26/2015 indicates that the injured worker had persistent pain in the neck, rated 8 out of 10. The neck pain radiated down the left trapezius muscle and left shoulder. She had low back pain, rated 8 out of 10; right elbow pain, rated 6 out of 10; and right knee pain, rated 7 out of 10. It was noted that the injured worker's right knee was frequent and had remained unchanged since her last visit. The injured worker was currently not working. An examination of the cervical spine showed a decreased range of motion with tenderness to the paraspinals and hypertonicity over the left trapezius muscles; and positive cervical compression and Spurling's sign on the right. An examination of the lumbar spine showed tenderness over the midline with palpable inflammation with 1+ swelling at the midline from L2 down to L5; limited flexion and extension due to pain; decreased strength and sensation on the right at L5; and 2+ deep tendon reflexes bilaterally at the patellar and Achilles tendons. An examination of the right knee showed

decreased range of motion; tenderness to the medial and lateral joint lines; positive McMurray's sign; decreased range of motion; flexion at 120 degrees; and extension at 0 degrees. It was noted that the injured worker's work status was unchanged; sedentary work only and lifting limited to 5 pounds. The treating physician requested Prilosec 20mg #60 and twelve (12) physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy at 2 times a week for 6 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The treating physician recommended physical therapy due to the persistent pain and positive clinical findings. The CA MTUS/ACOEM Guidelines indicate that prescribed physical methods for knee complaints include: initial and follow-up visits for education, counseling, and evaluation of home exercise. The guidelines also indicate that passive modalities without exercise program and manipulation are not recommended for evaluating and managing knee complaints. The request for twelve (12) physical therapy sessions for the right knee is not medically necessary.

Prilosec 20mg #60 for the cervical spine, right elbow, and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines did not address Prilosec (Omeprazole). The Non-MTUS Official Disability Guidelines indicate that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal (GI) events. The injured worker was prescribed Prilosec 20mg, one tablet by mouth twice a day. She takes Tramadol, and its side effects include nausea, vomiting, diarrhea, and constipation. The potential adverse effects of

long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia (magnesium deficiency); increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). There was no documentation of GI signs or symptoms. Therefore, the request for Prilosec is not medically necessary.