

Case Number:	CM14-0102971		
Date Assigned:	09/12/2014	Date of Injury:	10/28/1999
Decision Date:	10/10/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of October 28, 1999. Medical records from 2014 were reviewed. The patient complained of flare-up of his right knee pain, rated 3-4/10 with medications and 8-9/10 without medications. He reports difficulty ascending/descending the stairs due to decrease in right knee range of motion, weakness and pain. Heartburn and ulcers were also reported. Examination of the right knee reveals well-healed surgical scars over the anterior aspect consistent with total knee replacement; tenderness over the peripatellar region, popliteal fossa and lateral joint line; flexion at 92 degrees and extension at 0 degrees; and increased pain at the anterior aspect of the right knee with flexion. X-ray of the right knee revealed joint replacement components in good position. The formal report of the right knee x-ray was not provided. The diagnoses included status post bilateral total knee replacement surgery. The patient would like to be referred to the total knee replacement specialist who performed his right knee total replacement surgery 11 years ago. Treatment to date has included Norco, home exercise program, and bilateral knee surgery. Utilization review from June 21, 2014 denied the request for 1 prescription of Prilosec 20mg #30 due to lack of evidence of gastrointestinal complaints. The request for 1 surgical consultation for right total knee replacement was also denied. Patient's right knee range of motion was not less than 90 degrees and there was no mention of night time pain. Additionally, there was no evidence of fracture or dislocation of the patella, instability of the components or aseptic loosening, infection, or periprosthetic fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, the patient has reported heartburn. However, no further discussion was noted. It was unclear what caused the gastrointestinal symptoms. The medical necessity cannot be established due to limited information. Furthermore, the above-mentioned risk factors were not evident in the medical records provided. Therefore, the request for 1 prescription of Prilosec 20mg #30 is not medically necessary.

1 surgical consultation for the right total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Indications for Surgery -- Knee arthroplasty; Criteria for knee joint replacement Officia Disability Guidelines, Knee and Leg (Acute & Chronic); Criteria for Revision total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the patient has reported flare-up of right knee pain. Recent progress reports show decreased pain levels with medication intake. There were no evidences showing failure of conservative treatment to manage pain. Moreover, x-ray of the right knee revealed joint replacement components in good position. There was no objective evidence of complexity of the condition that warrant consult with a specialist at this time. There was no clear rationale for the request. Therefore, the request for 1 surgical consultation for the right total knee replacement is not medically necessary.

