

Case Number:	CM14-0109738		
Date Assigned:	08/01/2014	Date of Injury:	01/08/2014
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 bilateral knee pain reportedly associated with a trip and fall industrial contusion injury of January 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; a knee brace, unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a June 27, 2014 Utilization Review Report, the claims administrator retrospectively approved a request for a knee brace and naproxen, while retrospectively denying x-rays and omeprazole. The applicant's attorney subsequently appealed. In a May 30, 2014 Doctor's First Report of occupational injury, the applicant apparently reported 2/10 right knee pain and 8/10 left knee pain. The applicant was given diagnosis of contusion of the knees. The applicant was given prescriptions for naproxen, x-rays, physical therapy, and omeprazole. Regular duty work was endorsed. On June 26, 2014, the applicant was again apparently returned to regular duty work in a handwritten progress note, very difficult to follow. In a June 10, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant was apparently performing modified duty work and tolerating the same appropriately. The applicant was using naproxen and Prilosec. 5/5 bilateral lower extremity strength was noted. X-rays of the left knee were reportedly negative, it was acknowledged. Physical therapy, naproxen, and work restrictions were endorsed. The actual x-ray report of May 30, 2014 was read as a normal x-ray of the knee with no evidence of fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-Rays (DOS: 5/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): page 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348 347.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, routine radiographic films for most knee complaints or injuries is "not recommended." In this case, it was not clearly stated why plain films of the injured knee were sought. While the MTUS-Adopted ACOEM Guidelines in Chapter 13, Algorithm 13-1, page 348 do recommend plain film radiography of the knee in applicants in whom there are red flags of fracture or dislocation evident, in this case, however, it was not clearly stated or evident that the applicant had a suspected fracture evident here. The applicant was returned to regular work, had full, painless range of motion, and no patellar tenderness appreciated on the May 30, 2014 office visit in question. It did not appear that the applicant's presentation, thus, was consistent with that of a knee fracture. Therefore, the request was not medically necessary.

Retrospective Omeprazole 20mg #30 (DOS: 5/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, GI sympt.

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 usage of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there were no issues with reflux, heartburn, and/or dyspepsia clearly evident on and around the date in question. Therefore, the request was not medically necessary.