

Case Number:	CM14-0133169		
Date Assigned:	08/22/2014	Date of Injury:	06/15/2012
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 50 year old male who reported an injury to his left knee. The clinical note dated 06/26/14 indicates the injured worker complaining of left knee pain with associated swelling. The injured worker said he has difficulty with squatting and climbing stairs. The injured worker reported a feeling of instability with clicking, popping, and locking. The injured worker reported severe levels of pain. There is an indication the injured worker had previously undergone a surgery at the left knee on 09/24/12. However, the injured worker reported a popping sound after bending it. The clinical note dated 07/10/14 indicates the injured worker continuing with complaints of instability of the left knee. Upon exam, the injured worker was identified as having soft tissue swelling throughout the left knee. Tenderness was identified upon palpation at both the medial and lateral joint lines. The clinical note dated 07/28/14 indicates the injured worker was able to demonstrate full range of motion. Tenderness continued at the medial joint line. The magnetic resonance arthrogram of the left knee dated 07/07/14 revealed a bucket handle tear at the medial meniscus. A mild sprain was also identified at the anterior cruciate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meniscus repair left knee outpatient within MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines);

(<http://www.odg-twc.com/odgtwc/knee.htn>.ODG (Official Disability Guidelines); Indications for Surgery-Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: The documentation indicates the injured worker complaining of left knee pain. A meniscectomy is indicated following a full course of conservative therapy addressing left knee complaints. No information was submitted regarding the injured worker's previous involvement with therapeutic interventions. Therefore, this request is not indicated as medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Prilosec (omeprazole)

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

Decision rationale: Proton pump inhibitors (PPIs)are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.