

<b>Case Number:</b>	CM14-0154087		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female who reported an injury on 10/14/2013. The mechanism of injury was not provided. The surgical history was not provided. The prior therapies included approximately 16 sessions of physical therapy, an injection, and 3 to 4 sessions of acupuncture and chiropractic treatment. The injured worker had an EMG/NCV, x-rays, and MRIs of the right hand, left hand, right wrist, left wrist, and right knee. The documentation of 08/14/2014 revealed the injured worker had bilateral knee and bilateral hand and wrist pain. The injured worker indicated the patient was severe. The knees continued to give way, and sometimes the injured worker was noted to fall. The injured worker indicated she had approximately 16 sessions of physical therapy, 3 to 4 sessions of acupuncture and chiropractic treatment, and was exercising at home. The injured worker was noted to be requesting a total knee specialist consultation and a hand specialist consultation. The injured worker had injections for her knees, which helped significantly, but only temporarily. The injured worker was taking Norco 5/325 1 a day, Prilosec 1 a day, and Lidopro cream. The injured worker indicated that the medications decreased her pain by about 50% and allowed her to increase her walking distance by 10 to 15 minutes, and allowed her to be able to do household chores. The injured worker was told she may have a gastric ulcer by her primary care physician. The current complaints included bilateral knee pain rated 7/10 to 8/10 and the documentation indicated the injured worker stated her right knee locked up and gave way at times. The physical examination of the right knee revealed decreased range of motion limited by pain. The injured worker had a negative anterior drawer sign and a positive McMurray's with medial and lateral pain. The injured worker had tenderness over the medial and lateral joint lines. The injured worker's MRI of the right knee revealed a medial meniscus tear in the posterior horn and body and a medial displacement of the anterior horn, an MCL partial tear, LCL sprain, joint effusion,

ganglion or synovial cysts with debris and/or synovitis, and medial tibiofemoral joint osteoarthritis and chondromalacia. The diagnoses included right knee osteoarthritis and right degenerative medial meniscal tear. The treatment plan included bilateral knee braces and a cane in attempt to help decrease pain and increase activity level. The request was made as the injured worker's knees give way and she occasionally falls. The injured worker was noted to have nausea with NSAIDs, and was advised to stop all NSAIDs. The injured worker was prescribed Norco 5/325 to take up to 2 times a day as needed for severe pain, and Prilosec for gastritis. The documentation of 09/10/2014 revealed the injured worker had a joint that was stable and tracked well with range of motion, and there was no instability with manipulation or weight bearing in the right knee. The injured worker had a positive patellar grind and Apley's compression, as well as McMurray's test. There was no Request for Authorization or rationale submitted for the requested interventions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers at an intermediate or high risk for gastrointestinal events, and that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had stopped the NSAIDs. There was a lack of documentation indicating a necessity for the omeprazole and there was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for Omeprazole 20mg #120 is not medically necessary.

**Single Point Cane:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aids

**Decision rationale:** The Official Disability Guidelines indicate that almost half of injured workers with knee pain possess a walking aid. Disability pain and age related impairments

determine the need for a walking aid. In injured workers with osteoarthritis, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the pain by approximately 10%. The clinical documentation submitted for review indicated the injured worker had right knee osteoarthritis. However, there was a lack of documentation indicating the injured worker had instability on weight bearing. Given the above, the request for a Single Point Cane is not medically necessary.

**Wraparound hinged knee brace, right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that a brace can be used for patellar instability, an anterior cruciate ligament tear, or a medial collateral ligament instability. The clinical documentation submitted for review indicated the injured worker had an anterior cruciate ligament tear and did not have instability upon examination. There was a lack of documentation indicating a necessity for a wraparound hinged knee brace versus an off the shelf knee brace. Given the above, the request for a Wraparound hinged knee brace, right knee is not medically necessary.