

<b>Case Number:</b>	CM14-0169123		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, 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 records presented for review indicate that this 58-year-old female was reportedly injured on February 27, 2011. Prior treatment has included physical therapy and home exercise. A total left knee replacement was performed on November 8, 2013, and a right knee replacement was performed on May 14, 2010. There were also multiple other bilateral knee surgeries. The progress note, dated October 6, 2014, indicates that there are ongoing complaints of shoulder pain, back pain, and left greater than right knee pain and swelling. The physical examination on this date noted improved left knee range of motion and ability to ambulate. Edema was noted at the left knee. A prior note dated September 3, 2014, indicates that there are ongoing complaints of bilateral knee pain on the right greater than the left side. There were also complaints of right knee instability. There were also complaints of left ankle pain and instability. The physical examination demonstrated tenderness of the medial aspect of the right knee. Range of motion was from 0 to 130 degrees bilaterally. There was mild to moderate tenderness over the quadriceps and hamstrings. There was mid flexion instability present in the right knee. An x-ray of the right knee dated May 19, 2014, documented a post right knee replacement. A request had been made for a right knee lighter exchange, exploration and revision of the right knee as well as omeprazole DR (delayed release) 20mg #60, 1 tablet twice a day, and was not certified in the pre-authorization process on September 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Liner Exchange, Exploration & Revision, Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg , Revision total knee arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Revision Total Knee Arthroplasty, Updated October 27, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for a knee arthroplasty revision includes disabling pain, stiffness, and functional limitation as well as instability of the components, aseptic loosening, or periprosthetic fractures. According to the most recent progress note, dated October 6, 2014, there were complaints of right knee pain and swelling, however there is no mention that this pain is disabling or proves to be a functional limitation. Additionally, the radiographs of the right knee, dated May 19, 2014, did not indicate any joint space narrowing of the prosthesis which would indicate wear of the liner and necessitate a liner exchange nor were there any signs of osteolysis. Considering this, this request for a liner exchange, exploration and revision of the right knee is not medically necessary.

**Omeprazole DR (delayed release) 20mg #60, 1 tablet twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 68-69.

**Decision rationale:** According to MTUS guidelines, Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. According to the most recent progress note dated October 6, 2014, there are no complaints of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.