

<b>Case Number:</b>	CM14-0170253		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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:

53-year-old female claimant with an industrial injury dated 04/12/14. MRI of the right knee dated 04/23/14 reveals meniscus tears, a suspected mild strain of the proximal fibular collateral ligament, Grade II chondromalacia patella. Also it is noted that the ACL and PCL are intact, the MCO appears to be normal, and there is slight edema near the origin of the fibular collateral ligament in which may indicate a strain or partial tear but no evidence of any disruption. Conservative treatments include medication, activity modifications, and corticosteroid injection. Exam note 09/23/14 states the patient returns with right knee pain. The patient rates the pain a 7/10. The patient reports experiencing spasms of the calf musculature. She states that the medications do help with pain relief and her ability to perform daily activities. The patient demonstrated an increased range of motion with the medications along with the tolerance for exercise. The medications also decrease the pain level from a 7 to a 2-3/10. Upon physical exam there was no acute distress with a mild antalgic gait. Right knee range of motion is noted as 0-120' with pain. There was no patellar instability, and the patient completed a negative Lachman's test, anterior and posterior drawer test. The patient had a positive McMurray's test, and there was minimal swelling and positive tenderness over the medial and lateral joint lines. Diagnosis is noted as right knee medial and lateral meniscus tears, and right knee chondromalacia patella, Treatment plan includes a right knee medial and lateral meniscectomy, physical therapy, and the continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op (R) Knee PT (x12): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the determination is for certification as the request is for the number of recommended visits initially approved. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Pantoprazole 20mg #90: 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) Pain, Proton Pump Inhibitors

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Pantoprazole. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case there is insufficient evidence in the records from 9/23/14 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Pantoprazole is not medically necessary and non-certified.