

Case Number:	CM14-0177657		
Date Assigned:	10/31/2014	Date of Injury:	12/10/2013
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 21 year old male with date of injury 12/10/13. The treating physician report dated 9/25/14 indicates that the patient presents for evaluation following a traumatic accident with severe trauma to the right leg for which he has had surgery in December 2013 with subsequent removal of screws. The patient presents with right knee pain with mechanical symptoms of painful clicking and popping. The physical examination findings reveal right knee ROM of 10-110 with well healed incisions about the right knee, crepitus in all 3 compartments with motion and mild swelling. X-ray exam on 9/25/14 reveal an incomplete healed patella fracture or a lateral fragment that has been partially united. There is mild to moderate degenerative joint disease present with no obvious persistent fractures of the femur or tibia. The current diagnoses are: 1. Persistent right patella fracture with partial healing 2. Right knee mild to mod DJD 3. Post traumatic industrial injury. The utilization review report dated 10/16/14 denied the request for MRI of the right knee and Omeprazole 20mg 330 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, MRI

Decision rationale: The patient presents following trauma to the right lower extremity and is status post-surgery (unknown procedure) with continued pain and mechanical symptoms of painful clicking and popping. The current request is for MRI, right knee. The treating orthopedist states, "I request an MRI scan of the right knee to evaluate soft tissue structures due to ongoing mechanical painful symptoms." There are no prior records indicating that the patient has previously had an MRI scan of the right knee. The ODG guidelines support MRI of the knee following acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. In this case the treating physician has documented that there was a significant trauma to the right lower leg and knee that required immediate surgical intervention. While this request does not go in to detail regarding the prior surgical procedure performed, the ODG guidelines support MRI for this type of mechanism of injury and examination findings. The request for MRI is not medically necessary.

Omeprazole 20 mg 1 PO QD #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Proton pump inhibitors (PPIs)

Decision rationale: The patient presents following trauma to the right lower extremity and is status post-surgery (unknown procedure) with continued pain and mechanical symptoms of painful clicking and popping. The current request is for Omeprazole 20 mg 1 PO QD #30. The treating orthopedist states, "I request #30 Omeprazole 20mg 1pn daily for intermittent GI irritation in conjunction with NSAID usage." The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has documented that the patient has G/I irritation that requires an H2 receptor antagonist or a PPI. The request for Omeprazole is not medically necessary.