

Case Number:	CM14-0029984		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2013
Decision Date:	07/30/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 review indicates the claimant is a 56 yo female who sustained an industrial injury on 01/11/2013. The mechanism of injury was a fall. She tripped over a shopping cart at work. Her diagnoses include left knee pain, muscle contraction headaches, mild right carpal tunnel syndrome, and depression. On exam she has swelling on the left knee with pain with range of motion and pain to palpation along the medical joint line. Treatment has included medical therapy, Orthopedic evaluation and physical therapy. The treating provider has requested X-rays of the right knee, AP, lateral and sunrise views for comparison and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the Right knee, AP, lateral and sunrise views (for comparison): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI Section, X-rays: Indications for imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee evaluation.

Decision rationale: There is no indication for x-ray studies of the right knee. The claimant's issues involve the left knee and there are no reported abnormal physical exam findings of the right knee. The medical necessity for the requested item has not been established. The request is not medically necessary.

Pantoprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009 page 68 (pdf format) Page(s): 68.

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The request is not medically necessary.