

<b>Case Number:</b>	CM14-0063068		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 11/30/07. A utilization review determination dated 4/28/14 recommends non-certification of aquatic therapy and Prilosec. 4/15/14 medical report identifies right knee pain, locking, giving way, and swelling. Patient could not tolerate the needle when attempting Synvisc injections one year earlier. On exam, there is right knee tenderness, mild swelling, patellofemoral crepitus, pain with McMurray's, and limited ROM, right ankle swelling with tenderness. The provider recommended right knee MRI, consideration for Synvisc injection versus surgical consultation for the right knee, aquatic therapy, Ultram ER, Flector patches, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20MG QD, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS;GI Symptoms And Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; GI Symptoms and Cardiovascular Risk Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or

for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use (other than a checkbox with no discussion of symptoms, efficacy of prior use, etc.), a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

**Aquatic Therapy; Twelve (12) Sessions 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for aquatic therapy 12 sessions, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than land-based independent home exercise to address the longstanding complaints. Furthermore, the proposed amount of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy 12 sessions is not medically necessary.