

Case Number:	CM14-0073753		
Date Assigned:	07/16/2014	Date of Injury:	05/09/2013
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/20/2014

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 Pennsylvania. 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 claimant is a 49-year-old female who was injured in work related accident 05/09/13. The medical records provided for review document current complaints of right ankle pain and right knee pain. The progress report dated 04/29/14 noted bilateral ankle and knee complaints as well as low back and neck pain. It states that the claimant was currently utilizing a course of physical therapy for postoperative rehabilitation following right knee arthroscopy, medial and lateral meniscectomies, chondroplasty, and debridement on 03/28/14. The claimant noted continued complaints of pain to the right foot radiating to the right ankle and leg with objective findings showing an antalgic gait, use of crutches and no other clinical findings. The claimant was diagnosed with chronic leg pain following right knee arthroscopic debridement and meniscectomy. The claimant's ankle was being treated for a diagnosis of peroneal brevis tendon inflammation. Previous conservative treatment includes use of medications, physical therapy, and immobilization. This review is for a request for eight additional sessions of physical therapy to the claimant's right knee as well as prescriptions for both Gabapentin and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 8 additional sessions physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Guidelines, continued physical therapy for the knee would not be indicated. Records indicate the claimant had already undergone a course of formal physical therapy since the time of the March 2014 surgical arthroscopy. The documentation of physical examination fails to demonstrate objective findings of the knee that would require further therapy. The Post-Surgical Guidelines for physical therapy following meniscectomy would recommend up to 12 sessions over a 12 week period of time. The additional eight sessions of physical therapy would exceed the guideline criteria and would not be supported in absence of physical findings.

Gabapentin 600mg quantity (Qty) 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of Gabapentin. The Chronic Pain Guidelines state that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy, postherpetic neuralgia, and a first line treatment for neuropathic pain. Records available for review indicate this claimant is status post a right knee arthroscopy with inflammatory changes noted to the peroneal tendons. There is currently no indication of an underlying neuropathic diagnosis or indication of neuropathic pain in this individual. The use of Gabapentin would not be supported.

Protonix 20mg Qty 60: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines continued use of Protonix would not be indicated. Protonix or protective gastrointestinal (GI) agents should only be indicated per Chronic Pain Guidelines if there is indication of gastroesophageal risk factors noted. These would include an age greater than 65 years, history of peptic ulcer, GI bleeding, perforation, concordant use of aspirin, Corticosteroid and/or anticoagulants and/or high dose multiple non-steroidal usage. This individual currently exhibits no signs of significant risk factor for GI event. The continued use of Protonix in this individual would not be supported.