

Case Number:	CM14-0185139		
Date Assigned:	12/16/2014	Date of Injury:	06/22/2006
Decision Date:	01/15/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 57-year-old male with a 6/22/06 date of injury, and manipulation under anesthesia for post-operative arthrofibrosis on 7/21/14. At the time (9/15/14) of request for authorization for 12 physical therapy sessions and 1 prescription Omeprazole 10mg #60, there is documentation of subjective (right knee pain) and objective (decreased knee range of motion and right antalgic gait) findings, current diagnoses (status post right total knee replacement on 5/5/14 and right knee pain), and treatment to date (10 sessions of physical therapy treatments and medications (including ongoing treatment with Norco, Ibuprofen, and Omeprazole)). Medical reports identify a total of 20 post-operative physical therapy sessions certified to date; and that previous physical therapy treatments helped increase knee range of motion. Regarding 12 physical therapy sessions, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. Regarding 1 prescription Omeprazole 10mg #60, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states that when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post right total knee replacement on 5/5/14 and right knee pain. In addition, there is documentation of status post manipulation under anesthesia for post-operative arthrofibrosis on 7/21/14 and 10 sessions of post-operative physical therapy sessions completed to date, functional deficits, functional goals, and a total of 20 post-operative physical therapy sessions certified to date. However, given that the requested 12 sessions of physical therapy, in addition to the treatments already certified, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, despite documentation that previous physical therapy treatments helped increase knee range of motion, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for 12 physical therapy sessions is not medically necessary.

1 prescription Omeprazole 10mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in

the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post right total knee replacement and right knee pain. However, despite documentation of ongoing treatment with NSAID, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for 1 prescription Omeprazole 10mg #60 is not medically necessary.