

Case Number:	CM14-0187998		
Date Assigned:	11/18/2014	Date of Injury:	07/22/2004
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family 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:

62 year old male claimant sustained a work injury on 7/22/04 involving the right knee. He was diagnosed with chronic right knee pain and myofascial syndrome. An MRI had shown he has internal knee derangement. He had undergone 3 knee surgeries. In 2007, he had another MRI after another fall. As a result he required meniscal surgery. A 3rd fall in 2009 resulted in a right ACL tear, which requires a surgery in October 2009. A progress note on 7/14/14 indicated the claimant had continued right knee pain. He had been on opioids and NSAIDs for pain. He was noted to have GI reflux for which he was on Omeprazole. Exam findings were notable for a positive McMurray's test on the right knee, medial joint line tenderness and decreased range of motion. He physician requested another MRI and continuation of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant had 3 MRIs and prior repair of an ACL. There were no recent acute injuries or plan for another surgery. The request for a knee MRI is not medically necessary.

Omeprazole XR 100mg #11 Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 330, 341.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.