

Case Number:	CM14-0198069		
Date Assigned:	12/08/2014	Date of Injury:	02/24/2014
Decision Date:	01/31/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Texas. 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 injured worker is a 49-year-old female who reported an injury on 02/24/2014. The mechanism of injury was a twist and fall. Her diagnoses included status post left arthroscopic surgery. Her past treatments included physical therapy. Diagnostic studies included an MRI which revealed a meniscus tear. Past surgeries included status post arthroscopic surgery of the left knee on 08/12/2014. On 10/17/2014, the injured worker had complaints of knee pain with swelling and the inability to flex her knee fully. Upon physical examination, portal hole were seen and leakage was noted. Swelling, effusion, quadriceps weakness and atrophy were noted. The injured worker has an antalgic gait with a limp to the left leg and was unable to walk on her toes or heels, and is unable to kneel or squat. Range of motion to her left knee was flexion 0/90 degrees and extension was 0, the McMurray's test was positive, there was marked amount of tenderness to the left knee with fusion and the suprapatellar fossa was very painful. Her current medications included naproxen, Anaprox DS 550 mg and Prilosec 20 mg. The treatment plan was to restart her on physical therapy. The rationale for physical therapy 2 times a week for 2 weeks was the inability to flex her knee greater than 90 degrees and continued pain and weakness to the quadriceps areas of the knee; for the repeat MRI of the left knee was to determine "what is going on in this knee joint." The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The decision for Physical Therapy 2 x week for 2 weeks is medically necessary. The Postsurgical Treatment Guidelines recommend for the dislocation of a tear of a medial lateral cartilage or meniscus of the knee, postsurgical treatment is 12 visits over 12 weeks. It was indicated the patient had completed 8 visits of Physical Therapy by 10/14/2014. Physical Therapy was interrupted due to postsurgical infection to the knee. Given that the injured worker had 12 authorized visits, had completed 8 visits and had documented continued pain, functional deficits, weakness, and swelling, the request for Physical Therapy 2 times a week for 2 weeks is medically necessary.

Retro Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Page(s): 68-69.

Decision rationale: The request for retro Prilosec 20mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack the documentation of a history of peptic ulcer, GI bleeding or perforation. The injured worker does not have any current gastrointestinal symptoms. There was no indication within the documentation of any side effects or gastrointestinal events with current medications. Additionally, the request as written does not indicate the frequency of the medication. As such, the request for retro Prilosec 20mg #60 is not medically necessary.

MRI Left Knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg: MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's (magnetic resonance imaging).

Decision rationale: The request for an MRI Left Knee without contrast is medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) indicate special studies are not needed to evaluate most knee complaints until after a period of

conservative care and observation. A MRI is indicated for Meniscus Tear, Ligament Strain, Ligament Tear, Patello- femoral Syndrome Tendinitis, and Prepatellar Bursitis. The injured workers range of motion to her left knee was flexion 0/90 degrees and extension was 0, as well as swelling, effusion, quadiceps weakness and atrophy. The Official Disability Guidelines recommend post-surgical MRI to assess knee cartilage repair tissue. The injured worker is status post left knee arthroscopic surgery of the left knee. Additionally the indication was to determine the reasons for continued deficits of the left knee post-surgery. As such the request for MRI Left Knee without contrast is medically necessary.