

Case Number:	CM14-0199369		
Date Assigned:	12/09/2014	Date of Injury:	12/19/1997
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 Practice 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 67 year old female patient who sustained a work related injury on 12/19/97. The exact mechanism of injury was not specified in the records provided. The current diagnoses include internal derangement bilateral knees, chronic pain syndrome and ankle sprain. Per the doctor's note dated 10/28/14, patient has complaints of knee pain at 7-8/10 and spasms in the knees and popping and clicking in both knees with movements. She ambulates with a cane. Physical examination revealed bilateral lower extremities extend to 180 degrees and flexion to 120 degrees and crepitation in the left knee. The current medication lists include tramadol, Voltaren, Protonix, Terocin patches. The patient has had X-rays of the knees that showed bilateral loss of articular surface. She has had a MRI for this injury. The radiology reports of these imaging studies are not specified in the records provided. She had received injections in the left knee for this injury. Other therapy done for this injury was not specified in the records provided. The patient has used a brace and a hot and cold wrap and TENS unit. Per the note dated 6/25/14, her left knee has been quite unstable. She has fallen several times as her knee has given out. She tried the hinged knee braces, which do not fit her, she has hinged knee braces, which are pull-on and they do not fit and the treating doctor is requesting for unloading braces for bilateral knees for stability, especially for the left knee as she has fallen several occasions. Any details of any surgeries of the knees were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg QTY#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-selective Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: Per the CA MTUS, NSAIDs guidelines cited regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Protonix 20mg QTY#60 is not fully established in this patient; therefore, the request is not medically necessary.

Hinged Right Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers Compensation Final Regulations Medical Treatment Utilization Schedule (MTUS) Regulations Title 8, California Code of Regulations. Effective July 18, 2009

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14) Knee Brace

Decision rationale: Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. For the average patient, using a brace is usually unnecessary." In addition per the ODG Guidelines knee brace is recommended for, "1. Knee instability, 2. Ligament insufficiency/deficiency, 3. Reconstructed ligament, 4. Articular defect repair 5. Avascular necrosis, 6. Meniscal cartilage repair, 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy, 9. Painful unicompartamental osteoarthritis and 10. Tibial plateau fracture." Any evidence of recent surgery of the right knee was not specified in the records provided. The radiology reports of imaging studies of the knees are not specified in the records provided. The presence of any of these indications in this patient was not specified in the records provided. Any evidence of the need for stressing the knee under load such as climbing ladders or carrying boxes was not specified in the records provided. The details of physical therapy or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to this conservative therapy was not specified in the records provided. Prior

conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Injured worker was already certified for a hinged knee brace in 5/2014. The request for hinged right knee brace is not fully established for this patient; therefore, the request is not medically necessary.

Hinged Left Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers Compensation Final Regulations Medical Treatment Utilization Schedule (MTUS) regulations Title 8, California Code of Regulations. Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14) Knee Brace

Decision rationale: Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. For the average patient, using a brace is usually unnecessary." In addition per the ODG Guidelines knee brace is recommended for, "1. Knee instability, 2. Ligament insufficiency/deficiency, 3. Reconstructed ligament, 4. Articular defect repair 5. Avascular necrosis, 6. Meniscal cartilage repair, 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy, 9. Painful unicompartamental osteoarthritis and 10. Tibial plateau fracture." Any evidence of recent surgery of the right knee was not specified in the records provided. The radiology reports of imaging studies of the knees are not specified in the records provided. The presence of any of these indications in this patient was not specified in the records provided. Any evidence of the need for stressing the knee under load such as climbing ladders or carrying boxes was not specified in the records provided. The details of physical therapy or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Injured worker was already certified for a hinged knee brace in 5/2014. The request for hinged left knee brace is not fully established for this patient; therefore, the request is not medically necessary.