

Case Number:	CM14-0209967		
Date Assigned:	12/23/2014	Date of Injury:	01/30/2014
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 60 year old male with date of injury 1/30/14. The mechanism of injury is stated as a fall. The patient has complained of left knee pain and lower back pain since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the left knee, tenderness to palpation of the left knee, decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral paraspinal lumbar musculature, mild left lower extremity weakness (4+/5). Diagnoses: lumbosacral sprain, left knee sprain, left ankle sprain, lumbar subluxation. Treatment plan and request: 3 ultrasound guided Supartz injections, Fenoprofen, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ultrasound guided Supartz injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 60 year old male patient has complained of left knee pain and lower back pain since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications. The current request is for 3 ultrasound guided Supartz injections of the left knee. Per the MTUS guideline cited above, Supartz injection for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, the request for 3 ultrasound guided Supartz injections of the left knee is not indicated as medically necessary.

Fenoprofen 400 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 60 year old male patient has complained of left knee pain and lower back pain since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications to include NSAIDS since at least 04/2014. The current request is for Fenoprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 7 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Fenoprofen is not indicated as medically necessary in this patient.

Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 60 year old male patient has complained of left knee pain and lower back pain since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications to include Prilosec since at least 04/2014. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.