

<b>Case Number:</b>	CM15-0131960		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 male who sustained an industrial injury on 02/19/2013 resulting in pain to the left knee. Treatment provided to date has included: left knee meniscectomy and synovectomy (2013); bilateral arthroscopic knee surgery (03/18/2015); physical therapy (12 approved post-op sessions), medications, and conservative therapies/care. Diagnostic tests reported on the progress report (05/15/2015) include: MRI of the lumbar spine (2013) showing anterolisthesis with a pars defect, diffuse disc bulging, moderate disc height loss and moderate to severe bilateral neural foraminal stenosis; and x-rays of the knees (per an orthopedic progress report dated 11/26/2014) showing bilateral osteoarthritis. None of the imaging reports were available for review. Other noted dates of injury documented in the medical record include: 01/28/2013. Comorbidities included hypertension. On 05/15/2015, physician progress report noted complaints of ongoing lumbar spine pain (left greater than right). The pain was rated 7/10 in severity. Additional complaints included thoracic spine pain rated 6/10, lower extremity radiculopathy, and neck pain rated 2/10. Current medications include naproxen, Norco and omeprazole. The physical exam revealed a moderately antalgic gait with use of an assistive device, mild tenderness and spasms to the paracervical muscles bilaterally, restricted range of motion (ROM) in the cervical spine, moderate tenderness over the interscapular region and parathoracic region upon palpation, limited ROM in the thoracic spine due to pain, tenderness to palpation of the paralumbar muscles with mild spasms (left greater than right), restricted ROM in the lumbar spine, and positive straight leg raises. The provider noted diagnoses of left greater than right lumbar strain, left greater than right lumbar

radiculopathy, upper and mid thoracic strain (left greater than right) rule out discogenic causes, and cervical strain rule out discogenic causes. Plan of care includes lumbar fusion surgery, refill of current medications (naproxen, Norco and omeprazole), and follow-up in 6 weeks. The injured worker's work status is partially temporarily disabled (modified work). The request for authorization and IMR (independent medical review) includes: omeprazole 20mg, 6 additional physical therapy sessions for the knee, and orthopedic consultation for ankle symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested Omeprazole 20mg, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has ongoing lumbar spine pain (left greater than right). The pain was rated 7/10 in severity. Additional complaints included thoracic spine pain rated 6/10, lower extremity radiculopathy, and neck pain rated 2/10. Current medications include naproxen, Norco and omeprazole. The physical exam revealed a moderately antalgic gait with use of an assistive device, mild tenderness and spasms to the paracervical muscles bilaterally, restricted range of motion (ROM) in the cervical spine, moderate tenderness over the interscapular region and parathoracic region upon palpation, limited ROM in the thoracic spine due to pain, tenderness to palpation of the paralumbar muscles with mild spasms (left greater than right), restricted ROM in the lumbar spine, and positive straight leg raises. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg is not medically necessary.

#### **Physical therapy 2 x 3 for the knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The requested Physical therapy 2 x 3 for the knee, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Page 25, recommend: "Postsurgical treatment: 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 4 months." The injured worker has ongoing lumbar spine pain (left greater than right). The pain was rated 7/10 in severity. Additional complaints included thoracic spine pain rated 6/10, lower extremity radiculopathy, and neck pain rated 2/10. Current medications include naproxen, Norco and omeprazole. The physical exam revealed a moderately antalgic gait with use of an assistive device, mild tenderness and spasms to the paracervical muscles bilaterally, restricted range of motion (ROM) in the cervical spine, moderate tenderness over the interscapular region and parathoracic region upon palpation, limited ROM in the thoracic spine due to pain, tenderness to palpation of the paralumbar muscles with mild spasms (left greater than right), restricted ROM in the lumbar spine, and positive straight leg raises. The treating physician documented 12 previously approved pos-op therapy sessions. The treating physician has not documented the medical necessity for additional physical therapy for the knee beyond referenced guideline recommendations to accomplish a transition to an independent dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 x 3 for the knee is not medically necessary.

**Orthopedic consultation with [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested Orthopedic consultation with [REDACTED], is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has ongoing lumbar spine pain (left greater than right). The pain was rated 7/10 in severity. Additional complaints included thoracic spine pain rated 6/10, lower extremity radiculopathy, and neck pain rated 2/10. Current medications include naproxen, Norco and omeprazole. The physical exam revealed a moderately antalgic gait with use of an assistive device, mild tenderness and spasms to the paracervical muscles bilaterally, restricted range of motion (ROM) in the cervical spine, moderate tenderness over the interscapular region and parathoracic region upon palpation, limited ROM in the thoracic spine due to pain, tenderness to palpation of the paralumbar muscles with mild spasms (left greater than right), restricted ROM in the lumbar spine, and positive straight leg raises. The treating physician did not adequately document the medical necessity for neither this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Orthopedic consultation with [REDACTED] is not medically necessary.