

<b>Case Number:</b>	CM15-0137689		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 48 year old female, who sustained an industrial injury on 09/26/2006. The injured worker is currently off work, permanent, and stationary. The injured worker is currently diagnosed as having status post-right knee arthroscopic surgery, internal derangement of the left ankle/foot, and cervical spine radiculopathy. Treatment and diagnostics to date has included use of medications. In a progress note dated 06/29/2015, the injured worker presented with complaints of pain in the right knee, left ankle, neck, and back. Objective findings include tenderness to the right knee, left ankle, cervical spine, and lumbar spine. The treating physician reported requesting authorization for physical therapy to the right knee, left ankle, cervical spine, and lumbar spine and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right knee, left ankle, cervical spine, and lumbar spine; 2 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Physical Medicine Treatment.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended. The Guidelines recommend 9-10 visits over 8 weeks of physical therapy for myalgia and myositis, 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS: chronic regional pain syndrome). In addition, Official Disability Guidelines (ODG) Pain chapter recommends 9 visits over 8 weeks of physical therapy for a diagnosis of arthritis. After review of the medical records, there is no documentation that would support the need for physical therapy. There is no information in the physical examination indicating that the injured worker has significant functional deficits or any prior therapies. In addition, given the diagnoses of internal derangement of the left ankle/foot and cervical spine radiculopathy, the requested frequency of 2 times a week for 6 weeks exceeds the Guidelines recommendations. Therefore, based on the Guidelines and the submitted records, the request for physical therapy is not medically necessary.

**Prilosec 20mg #60, 1 tab po bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. The injured worker is less than 65 years of age, there are no noted non-steroidal anti-inflammatory drugs (NSAIDs) prescribed, and there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prilosec is not medically necessary.