

Case Number:	CM15-0146556		
Date Assigned:	08/07/2015	Date of Injury:	06/02/2014
Decision Date:	09/03/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation

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 was a 44-year-old male, who sustained an industrial injury, June 2 2014. The injured worker previously received the following treatments right knee x-rays, right knee MRI, back brace, and right knee brace, physical therapy for the right shoulder and right knee. The injured worker was diagnosed with right knee meniscus tear, right shoulder impingement syndrome, lumbar spine compression fracture, thoracic spine sprain and or strain and cervical spine degenerative disc disease. According to progress note of June 15, 2015, the injured worker's chief complaint was neck, thoracic spine, lumbar spine, right shoulder and right knee pain. The injured worker rated the neck pain at 9 out of 10. The pain was described as constant with radiation in the right shoulder. There were associated symptoms of cramping, throbbing, stabbing, aching, dull and sharp sensations. There was limited range of motion with flexion, extension, bending, lifting, pushing, pulling, carrying and turning side to side. The thoracic spine pain was severe. The pain was rated at 9.5 out of 10. The lumbar spine pain was severe and rated at 9.5 out of 10. The pain was described as constant pain with radiation into the bilateral hips and buttocks. The right shoulder pain was rated at 8 out of 10. The pain was described as intermittent radiating into the shoulder blade with associated numbness, tingling, and cramping, burning, throbbing, stabbing, aching and sharp sensations. The range of motion was limited with flexion, lifting, pushing, pulling, carrying, and reaching, over the head and reaching behind the back. There was severe pain the right knee. The injured worker rated the pain at 9.5 out of 10. The pain was described as constant with radiation to the foot and ankle. The pain was described as throbbing, stabbing, aching and sharp sensations. There was limited range of motion with

flexion, extension, bending, lifting, pushing, carrying, walking and standing. The physical exam noted the right knee flexion of 120 degrees. There was blocked tibiofemoral rotation. The McMurray's test was negative. The patella compression test was minimally positive with mild crepitus. There was mild tenderness along the patella facets and mild tenderness to the anterior of the knee in the common patella tendon. The examination of the right shoulder was negative for the drop arm test. The impingement test was positive in Neer's and Hawkin's and minimal in Apley's cross arm. There was notable weakness of the supraspinatus and infraspinatus complex with examination. The treatment plan included right knee ultrasound guided corticosteroid injection, a right shoulder ultrasound guided corticosteroid injection a prescription for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee ultrasound guided corticosteroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Corticosteroid Injections, pages 294-295.

Decision rationale: There is no imaging or x-ray findings available. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 3-4 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The Right knee ultrasound guided corticosteroid injection is not medically necessary and appropriate.

Right shoulder ultrasound guided corticosteroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Shoulder Complaints, pages 204, 207; Table 9-6, page 213.

Decision rationale: Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have specified limitations with activities with failed functional improvement from previous conservative treatments including therapy and modified activities to support for this shoulder injection as recommended by the AME. The Right shoulder ultrasound guided corticosteroid injection is medically necessary and appropriate.

Prilosec 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any specific history, identified symptoms, or confirmed GI diagnosis to warrant this medication. The Prilosec 20mg #60 with 1 refill is not medically necessary and appropriate.