

Case Number:	CM15-0148735		
Date Assigned:	08/12/2015	Date of Injury:	06/16/2014
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 31 year old female, who sustained an industrial injury on August 25, 2014. She reported an injury to her right knee. Treatment to date has included diagnostic imaging, orthotics, physical therapy, home exercise program, CPM machine, right knee arthroscopy, chondroplasty and MPFL reconstruction, and NSAIDS. Currently, the injured worker complains of right knee pain and is status post right knee reconstruction on February 3, 2015. She reports that her symptoms are worse. On physical examination the injured worker has an antalgic gait on the right and her right knee alignment is normal. She has tenderness to palpation over the medial aspect, the lateral patellar facet and the medial patellar facet of the right knee. She has intact sensation in all dermatomes and grossly intact muscle strength. She has no ligament instability. She has patellofemoral crepitus and a positive patellar compression test. Her patella mobility is decreased with contraction of her quadriceps. The diagnoses associated with the request include pain in the knee, dislocation of the patella and status post right knee arthroscopy, chondroplasty and MPFL reconstruction. The treatment plan includes purchase of EMPI NMES Continuum for home use, continuation of home exercise program, continued physical therapy for the right knee, and NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Prilosec 20 milligrams Qty 30, 1 pill orally daily, (to begin after Right Knee surgery): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Prilosec. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case there is insufficient evidence in the records from his pre-operative history and physical examination on 5/18/2015 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for prilosec is not medically necessary.

Associated Surgical Services: Home Health Nurse Visits, Qty 2 (for post operative care of Right Knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 7/9/15 that the patient is home bound. In addition the planned surgery which includes a lateral meniscus debridement does not typically require post-operative weight bearing restrictions. There are no other substantiating reason why home health services are required present in the supporting documentation. Therefore, the request for home health nurse visits is not medically necessary.