

Case Number:	CM15-0045041		
Date Assigned:	03/16/2015	Date of Injury:	07/17/2011
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania, Ohio, 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 is a 58 year old male who sustained an industrial injury on 7/17/11. He currently has back pain, right knee pain with restricted range of motion. Medications are not specifically identified. Diagnoses include right knee manipulation (9/23/14); status post right total knee arthroplasty with post-operative right knee adhesive capsulitis; sprain/strain lumbar spine, superimposed on previous surgery of the low back status post laminectomy aggravated by recent injury; multi-level disc bulges with spinal cord stenosis; pitting edema bilateral legs, left worse than right; epigastric pain, secondary to non-steroidal anti-inflammatories; anxiety and insomnia. Treatments to date include physical therapy, home exercise program, interferential unit. Diagnostics include MRI of the lumbar spine (4/7/13); x-ray of the right knee (3/13/13). In the progress note dated 12/31/14, the treating provider requested Prilosec for epigastric distress and to start therapeutic activities 2 times a week under chiropractic supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58 and 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: This patient has received past chiropractic treatment and would be anticipated to have transitioned by now to an independent active home rehabilitation program. MTUS does not support elective/maintenance chiropractic, which describes the current request. This request is not medically necessary.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (PPIs) Proton Pump Inhibitors Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. A prior physician review states that no documentation of such GI risk factors exists; however, several treating physician notes, including of 11/26/14, discuss use of Prilosec due to NSAID-related gastritis. This request is consistent with MTUS guidelines. The request is medically necessary.