

Case Number:	CM15-0087661		
Date Assigned:	05/11/2015	Date of Injury:	11/15/2001
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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, Tennessee

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 58 year old female patient who sustained an industrial injury on 11/15/2001. A recent spine neurology follow up visit dated 04/10/2015 reported the patient with subjective complaint of bilateral knee and low back pain. She is attending a course of physical therapy treating the low back of which has been helpful. After completing just two sessions she already feels it has been significantly helpful. She is learning helpful exercises for the back and it is feeling somewhat better. The bilateral knee pain is described as an aching sensation. She has had the knees drained along with administration of injections, which have also helped. She reports exercising regularly, taking Tramadol ER and Naproxen with good benefit and tolerating it well. She does reports some gastric upset with the Naproxen and is prescribed Omeprazole with good effect. The impression noted the patient with degenerative joint disease, bilateral knees; bilateral knee pain; osteopenia of the knees; patellofemoral pain syndrome; bilateral trochanteric bursitis, left greater and low back pain. The plan of care noted the patient with scheduled right knee replacement for 05/06/2015 and after recovery recommending the left knee replacement procedure. The physician is recommending a new left knee brace, and a course of physical therapy treating the low back. The CURES report is consistent with prescribed medications. Back on 11/11/2014 the patient was with subjective complaint of significant aching pain in the knees. There is no change in the treating diagnoses, and the plan of care noted pending authorization for an orthopedic consultation. Prescribed medications were refilled this visit to include: Tramadol ER, Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec over the counter 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Prilosec is omeprazole, a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.

Custom left knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Knee brace.

Decision rationale: Knee braces are recommended for knee osteoarthritis. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Criteria for knee brace use are as follows: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb. c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf). e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient;

significant pain). 5. Severe instability as noted on physical examination of knee. In this case there is no documentation in the medical record that the patient is experiencing instability of the left knee. The patient is able to exercise the knee. In addition there is documentation that the coverage for left knee injury has been denied. The request is not medically necessary.