

Case Number:	CM14-0119807		
Date Assigned:	09/16/2014	Date of Injury:	10/07/2013
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for eight sessions of physical therapy, denied a request for eight sessions of acupuncture, approved a request for Norco, denied a request for Naproxen, and denied a request for Omeprazole. The claims administrator employed non-MTUS ODG Guidelines to deny the request for eight sessions of physical therapy, despite the fact that the MTUS addresses the topic. The claims administrator also invoked the now-outdated, now-renumbered 2007 MTUS Acupuncture Guidelines to deny the eight sessions of acupuncture. The claims administrator posited that the applicant had had prior acupuncture with no evidence of improvement. In a June 19, 2014 progress note, the applicant reported persistent complaints of knee pain, 7-8/10. The applicant was given diagnosis of internal derangement of the knee, antalgic gait, and history of gastritis. Norco, Naproxen, and Prilosec were endorsed. It was stated that the applicant had developed gastric side effects associated with NSAID usage. An additional eight sessions of acupuncture and eight sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. An orthopedic knee surgery consultation was sought. In an earlier note dated May 22, 2014, the applicant was placed off of work, on total temporary disability, while physical therapy and acupuncture were endorsed at that point in time. In an August 4, 2014 progress note, the applicant was given a diagnosis of gastroesophageal reflux disease. It was stated that the applicant's symptoms of reflux had been attenuated following introduction of omeprazole some two years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8 sessions to Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Commission of Health and Safety and Workers' Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99, 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgia's and myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Acupuncture x 8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines chronic pain for purposes of acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, however, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in section 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

Naproxen (Unknown dosage,Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has allegedly developed issues with gastritis secondary to ongoing NSAID usage, the attending provider has posited. Cessation of the offending NSAID, naproxen, appears to be a more appropriate option than continuing the same, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Omeprazole (Unknown dosage, quantity): Overturned

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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant has reportedly developed issues with reflux, either NSAID-induced or stand-alone. Ongoing issues of omeprazole has attenuated the applicant's symptoms of reflux, it was posited on a progress note of August 12, 2014. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.