

Case Number:	CM14-0165991		
Date Assigned:	11/12/2014	Date of Injury:	06/13/2013
Decision Date:	12/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery 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:

57-year-old female claimant with an industrial injury dated 06/13/13. Exam note 08/01/14 states the patient returns with knee and low back pain. It is noted that the patient has a history of hypertension and medication-induced gastritis. Upon physical exam the patient demonstrated an antalgic gait favoring her right lower extremity. There was evidence of tenderness at the posterior lumbar musculature bilaterally with increased muscle rigidity. The patient had multiple trigger points that were palpable, along with tenderness along the lumbar paraspinals. The patient demonstrated a decreased range of motion with muscle guarding with lumbar flexion at 45', extension at 15', and left and right lateral bending at 20'. The patient had decreased sensation at the posterolateral thigh, posterolateral calf at the L5-S1 distribution. Range of motion of the knee was noted as -10' extension, and 85' flexion. There was also tenderness along the medial and lateral joint line with positive soft tissue swelling. Treatment includes a knee injection, and a continuation of medication for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for left knee intra-articular injection (5cc of 0.5% Bupivacaine mixed with 40mg of Kelalog) (DOS 8/1/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337,346.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) Chapter 13, page(s) 337, 346 states: "cortisone injections are optional in the treatment of knee disorders but are not routinely indicated." The exam notes from 8/1/14 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate.

Retrospective request for Prilosec 20mg #60 (DOS 8/1/14): Upheld

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

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 8/1/14 do not demonstrate that the patient is at risk for gastrointestinal events. The request therefore is not medically necessary and appropriate.