

Case Number:	CM15-0115515		
Date Assigned:	06/23/2015	Date of Injury:	03/14/2011
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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: California, Indiana, Oregon
 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 56 year old male who sustained an industrial injury on 03/13/2011. Mechanism of injury occurred when he was using a wall lifter and he lifted a two to three hundred pound wall, and the wall cracked and caused him to fall and he suffered multiple injuries. Diagnoses include severe degenerative joint disease of the left knee, cervical strain, right shoulder tendinitis, left shoulder impingement syndrome and acromioclavicular joint synovitis, lumbar spine wound-healed, status post lumbar decompression, neuropathic pain in the right lower extremity, right knee instability secondary to neuropathy right lower extremity, right knee status post ACL reconstruction, left internal derangement, left knee degenerative joint disease, bilateral ankle arthrosis and bilateral plantar fasciitis. He has ongoing depression as well as a result of his chronic pain and disability, obesity secondary to his inability to exercise as well as sleep disturbance secondary to this pain. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, injections, bracing for his bilateral knees and ankles and lumbar spine as well as custom orthotics for his bilateral feet and ankles. An unofficial Magnetic Resonance Imaging report of the left knee done on 04/15/2015 showed severe osteoarthritic changes of the lateral compartment and moderate osteoarthritic changes of the medial compartments, complete tear of the ACL graft, multiple loose bodies, meniscal signal intensity consistent with meniscus tear, and chondromalacia patella. A physician progress note dated 04/17/2015 documents the injured worker's symptoms in the right shoulder have improved. His back and knee pain are unchanged with moderate to severe pain. He gets improvement with medications and with rest. He has positive crepitus, positive medial joint line tenderness, and

positive lateral joint line tenderness. There is positive patellofemoral tenderness. He has a positive McMurray test. The injured worker ambulates with an antalgic gait and uses a cane. The treatment plan is for surgery and Diclofenac XR. Treatment requested is for left total knee replacement, and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Knee joint replacement.

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

Decision rationale: According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case, the BMI is not reported. There is no submitted plain radiographic weight bearing view demonstrating the degrees of chonral loss. Based on this the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Proton pump inhibitors (PPIs).

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Omeprazole is for patients with risk factors for gastrointestinal events. The cited records from 4/17/15 do not demonstrate that the patient is at risk for gastrointestinal events. In an earlier PR, it is noted that it is for prophylaxis against gastritis. Therefore, the Omeprazole is not medically necessary.