

Case Number:	CM15-0175324		
Date Assigned:	09/16/2015	Date of Injury:	07/06/2000
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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, New York
 Certification(s)/Specialty: Internal 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 was a 55 year old male, who sustained an industrial injury, July 6, 2000. According to progress note of July 31, 2015, the injured worker's chief complaint was bilateral hip pain. The right hip had hurt since the replacement. The pain was rated at 7 out of 10 on the right and 4-5 out of 10 on the left. The injured worker was only able to sit for 15-20 minutes at a time. The injured worker was able to walk for 10-15 minutes at a time. The injured worker was only able to sleep for 30 minutes or on the right side. The physical exam noted gait mild to moderate, slowed but no obvious limp. The injured worker reported the pool therapy helped the most; better than physical therapy. According to the treating physician, the hips had moderate tenderness on the right and mildly tender on the laterally on the left. The range of motion was moderate and reduced globally on the right and the left. The injured worker was undergoing treatment for arthrosis, derangement of medial meniscus, cervical spine strain and or sprain, knee pain, status post bilateral hip replacements and chronic pain in the bilateral hips right in 2005 and left in 2004. The injured worker previously received the following treatments physical therapy, pool therapy, Norco, Omeprazole, Marijuana cream, ice and heat therapy, home exercise program and Naproxen. The RFA (request for authorization) dated July 31, 2015, the following treatments were requested a prescription for Omeprazole 20mg #90 and pool therapy. The UR (utilization review board) denied certification on August 7, 2015: for the Omeprazole the clinical documentation did not support the need for Omeprazole. The pool therapy was an optional form of land-based physical therapy. As it can minimize the effects of gravity, it is specifically recommended where reduced weight bearing was desired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90 (DOS 7/31/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #90 date of service July 31, 2015 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the workers working diagnoses are arthrosis; derangement of medial meniscus; and cervical sprain strain; knee pain; status post bilateral hip replacements; and chronic pain bilateral hips. Date of injury is July 6, 2000. Request for authorization is July 31, 2015. According to an April 16, 2015 progress note, the treating provider prescribed omeprazole 20 mg. According to a July 31, 2015 progress note, current medications include omeprazole 20 mg. There is no documentation of a nonsteroidal anti-inflammatory drug or opiate. Subjectively, the injured worker's status post total hip replacement. There are no comorbid or risk factors for gastrointestinal events. There is no clinical indication or rationale for proton pump inhibitors. Objectively, there is moderate tenderness palpation of the right hip. The documentation indicates the treating provider is requesting "more pool therapy as that has helped the most - better than physical therapy for him". Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with comorbid conditions or risk factors for G.I. events and no clinical indication or rationale for proton pump inhibitors, Omeprazole 20 mg #90 date of service July 31, 2015 is not medically necessary.

Unknown sessions of pool therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, unknown session's pool therapy is not medically necessary. Aquatic

therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are arthrosis; derangement of medial meniscus; and cervical sprain strain; knee pain; status post bilateral hip replacements; and chronic pain bilateral hips. Date of injury is July 6, 2000. Request for authorization is July 31, 2015. According to an April 16, 2015 progress note, the treating provider prescribed omeprazole 20 mg. According to a July 31, 2015 progress note, current medications include omeprazole 20 mg. There is no documentation of a nonsteroidal anti-inflammatory drug or opiate. Subjectively, the injured worker's status post-total hip replacement. The documentation indicates the treating provider is requesting "more pool therapy as that has helped the most - better than physical therapy for him". The total number of aquatic therapy sessions is not documented or specified in the medical record. There is no documentation demonstrating objective functional improvement from prior aquatic therapy. There is no documentation reduced weight bearing is clinically indicated. There is no documentation of failed land-based physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based therapy, no documentation indicating the total number of aquatic therapy sessions, no documentation indicating reduced weight-bearing is clinically indicated and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, unknown sessions pool therapy are not medically necessary.