

Case Number:	CM15-0068506		
Date Assigned:	04/16/2015	Date of Injury:	09/05/2013
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 5, 2013. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve requests for bilateral knee MRIs and omeprazole. The claims administrator referenced an RFA form received on March 16, 2015 and a progress note of March 10, 2015 in its determination. The applicant was 63 years old, the claims administrator noted. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of bilateral knee pain. The applicant was status post viscosupplementation injection therapy for presumed knee arthritis, it was stated. The applicant's medication list included Synthroid, Wellbutrin, and hydrochlorothiazide. The applicant had reportedly ceased smoking, it was suggested. MRI imaging of the left knee of May 5, 2014 was notable for tendinopathy. MRI imaging of the right knee dated January 21, 2014 was notable for a lateral meniscal tear, chondromalacia, and degenerative joint disease. Updated knee MRIs were proposed. The treating provider did not, however, state how the proposed MRIs would influence or alter the treatment plan. The requesting provider was apparently a physician assistant (PA). There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this particular progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral knees (repeat): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: No, the request for MRI imaging of the bilateral knees was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 335 does acknowledge that knee MRI imaging can be employed to confirm diagnosis of meniscal tears, as were/are suspected here, ACOEM qualifies this recommendation by noting that such imaging should be performed only if surgery is being considered or contemplated. Here, however, the treating provider seemingly sought updated knee MRIs for academic or evaluation purposes, to determine the extent of structural changes in both knees. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving either knee based on the outcome of the study. Therefore, the request was not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question, March 10, 2015. Therefore, the request was not medically necessary.