

Case Number:	CM15-0096045		
Date Assigned:	05/26/2015	Date of Injury:	04/07/2014
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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 is a 47 year old female, who sustained an industrial injury on 4/7/14. She reported initial complaints of knee pain. The injured worker was diagnosed as having internal derangement left knee/chondromalacia, medial meniscus tear; degenerative joint disease. Treatment to date has included status post left knee arthroscopy/arthroscopic partial medial menisectomy and chondroplasty (1/7/15); physical therapy; knee brace; medications. Diagnostics included MRI left knee with Arthrogram 9/15/14. Currently, the PR-2 notes dated 4/27/15 indicated the injured worker complains had completed 24 physical therapy visits with improvement but remains symptomatic. She walks with a slight antalgic gait due to left knee pain. On physical examinations of the pelvis, there is no tenderness to palpation without any pain on compression/distraction of the pelvis. There is negative Fabere sign. The left hip examination is virtually negative for all testing. There is negative neurological testing for either lower extremity. The left knee examination reveals well-healed, non-tender arthroscopic incisions without signs of infection. There is no soft tissue swelling, instability or effusion. There is mild pain with McMurry maneuver and mild patellofemoral irritability with satisfactory patella excursion and tracking. Range of motion is 0-120 degrees with grade 4/5 Quadriceps/hamstring strength. X-rays of the left knee demonstrate mild degenerative changes. The provider's treatment plan included a request for a trial of Functional Restoration Visits #6 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration visits #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain section, Functional; restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 visits functional restoration visits are not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are internal derangement left knee with patellar chondromalacia, tear medial meniscus and degenerative joint disease; and status post left knee arthroscopy with arthroscopic partial medial meniscectomy, chondroplasty on January 7, 2015. Subjectively, according to April 27, 2015 progress note, the injured worker status post left knee arthroscopy performed January 7, 2015. The injured worker completed 24 physical therapy sessions with improvement, but remains symptomatic. The injured worker was ambulatory with a slight antalgic gait due to left knee pain. Objectively, the examination showed nontender well-healed incisions. There is no soft tissue swelling, instability or effusion. There is mild pain with McMurray maneuver. There is mild patellofemoral irritability with satisfactory patellar excursion and tracking. There is grade 4/5 quadriceps/hamstring strain with full range of motion zero 120. There is no documentation continued use of opiate medications. The injured worker takes Naprosyn and Protonix. The documentation does not show previous methods of treating chronic pain have been unsuccessful. Moreover, the documentation indicates the injured worker has improved, is fully ambulatory and is engaged in a home exercise program. Additionally, according to an April 22, 2015 progress note, the treating surgeon stated in the treatment recommendations section due to chondromalacia patella of the knee which will lead eventually

to knee osteoarthritis, I have informed the patient that the name will never be like it was. The injured worker was discharged from the treating surgeons care. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, six functional restoration visits are not medically necessary.

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors, NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) proton pump inhibitors.

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, Protonix 20mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal 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 non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are internal derangement left knee with patellar chondromalacia, tear medial meniscus and degenerative joint disease; and status post left knee partial medial meniscectomy, chondroplasty January 7, 2015. The documentation, according to an October 7, 2014 orthopedic progress note, shows the injured worker is taking ibuprofen. No subsequent progress notes contain current medications. There is no documentation of a first line proton pump inhibitor prescribed by the treating provider. Additionally, Protonix is a second line proton pump inhibitor. There is no documentation of a first-line proton pump inhibitor documented in the medical record. Consequently, absent clinical documentation of the first line proton pump inhibitor with a clinical indication and rationale for Protonix, Protonix 20mg #60 mg is not medically necessary.