

Case Number:	CM13-0013309		
Date Assigned:	11/22/2013	Date of Injury:	02/22/2012
Decision Date:	02/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 24-year-old female who reported an injury on 02/22/2012. The patient is diagnosed with contusion of bilateral knees, status post bilateral arthroscopy with meniscectomy and patellofemoral compression syndrome. The patient was recently seen by [REDACTED] on 07/30/2013. The patient reported ongoing complaints to the bilateral knees. Physical examination was not provided. Treatment recommendations included Synvisc injections to bilateral knees and a weight reduction program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection x3 Right Knee: 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): 337. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter, section on Hyaluronic acid injections.

Decision rationale: The ACOEM Guidelines state invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. The Official Disability Guidelines state criteria for hyaluronic acid injections includes patients with

symptomatic osteoarthritis that have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments after at least 3 months. There should be documentation of symptomatic severe osteoarthritis. As per the clinical notes submitted, there is no evidence of a failure to respond to recent conservative treatment including injection of intra-articular steroids. Therefore, the patient does not currently meet criteria outlined by the Official Disability Guidelines for the use of Synvisc injections. As such, the request for Synvisc injection x3 Right Knee is not medically necessary and appropriate.

Weight Reduction Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 77-89, 89-92, Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: The MTUS Chronic Pain and ACOEM Guidelines state in order for patients to achieve functional recovery, they must assume certain responsibilities. Guidelines indicate that it is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their mood and emotional states. They must work within their restrictions, and refuse unreasonable requests by coworkers and supervisors to function over their limitations in a way that could endanger their health or safety. If there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. Based on the clinical information received, the medical rationale for the requested weight reduction program has not been established. Therefore, the current request for Weight Reduction Program is not medically necessary and appropriate.