

Case Number:	CM13-0018536		
Date Assigned:	12/11/2013	Date of Injury:	08/18/1981
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational Medicine, 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 applicant is a represented 62-year-old who has filed a claim for chronic low back, bilateral knee, bilateral wrist pain, and headaches reportedly associated with an industrial injury of August 8, 1981. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar laminectomy surgeries in 1985 and 2002; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and extensive periods of time off of work. In a utilization review report of August 14, 2013, the claims administrator denied a request for Synvisc injections, noting that the applicant does carry a diagnosis of knee arthritis and is status post 10 unspecified procedures to the knees. It is stated that the claims administrator denied the request on the grounds that there was no documented significant improvement with prior injections. The utilization review summary indicates that the applicant responded favorably to prior Synvisc injections and has radiographically confirmed arthritis. In an October 24, 2013 note, it is stated that the applicant had 30% improvement in pain following prior Hyalgan injections. The applicant also received corticosteroid injections with 60% pain relief, it is stated. The applicant is looking for a new orthopedic knee surgeon. He is on Norco four times a day for some pain relief. Repeat Synvisc injections are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 3 Synvisc injections to the bilateral knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The MTUS does not address the topic of Synvisc injections. As noted in the third edition ACOEM Guidelines, intra-articular viscosupplementation knee injections are recommended for the treatment of moderate-to-severe arthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, and/or exercises. In this case, it appears that the applicant has tried and failed numerous other treatments, including time, medications, steroid injections, etc. There is a documented prior favorable response to previous Synvisc injections. ACOEM Guidelines do not take a specific position on frequency and duration, but do note that some providers administer one injection approximately every 7 to 14 days or up to three injections. Therefore, the request for 3 synvisc injections to the bilateral knees is medically necessary and appropriate.