MAXIMUS Federal Services

Case Number:	CM13-0030593		
Date Assigned:	11/27/2013	Date of Injury:	12/11/2001
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 11, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; prior Hyalgan injection; attorney representation; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of September 16, 2013, the claims administrator denied a request for Synvisc injections. Part of the reason for the denial included the fact that the body part and/or diagnosis in question have not been accepted by the claims administrator. The applicant's attorney later appealed, on September 6, 2013. An October 21, 2013 appeal letter is written by the attending provider, is notable for comments that the applicant has knee pain, exhibits associated tenderness to touch, and has failed other conservative measures. It is stated that a series of three Synvisc injections are being sought to manage the applicant's unrelenting knee symptoms secondary to arthritis. It is then stated that the applicant's symptoms are also a function of meniscal degeneration. The applicant is 35 years old with date of birth [redacted], [redacted], it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections to the 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 (ODG), Treatment Index, 9th Edition, (web) 2001.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS does not address the topic. As noted in the third edition ACOEM Guidelines, viscosupplementation injections or Hyalgan injections are indicated in the treatment of moderate-to-severe knee arthritis. In this case, however, there is no clear evidence of knee arthritis, either clinical or radiographic. No recent knee x-rays and/or MRI results were provided. The attending provider did not clearly state how he arrived at the diagnosis of knee arthritis. Given the applicant's age (35), arthritis is a less likely consideration. There is no clearly stated history of prior knee surgery which would make knee arthritis more likely here. For all of these reasons, then, the original utilization review decision is upheld. The request remains non-certified.

Gym membership:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition, (web) 2001.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, remaining and staying active, maintaining and adhering to exercise regimens, etc., are considered matters of applicant responsibility. In this case, furthermore, the applicant does not appear to meet non-MTUS criteria for a gym membership. The ODG knee chapter gym membership topic suggests that gym membership should not be furnished as a medical prescription unless there is documentation that a home exercise program has not been effective in those individuals in whom there is a need for specialized equipment. In this case, again, no clinical progress notes other than the appeal letter and application for IMR were attached to the request for authorization. It was not clearly stated how or why a home exercise program is ineffective and how or why there is a need for specialized equipment. The nature of the equipment needed was not stated. For all of these reasons, then, the request remains non-certified, on independent medical review