

Case Number:	CM13-0045159		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2004
Decision Date:	04/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert 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 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/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:

This is a 60-year old female with a date of injury of 5/12/04. Mechanism of injury was a trip and fall, landing on her knees and breaking her fall with hands and outstretched arms. She has had extensive treatment for meniscal tear, tricompartmental osteoarthritis, cervical sprain/strain, cervical multilevel bulge, foraminal stenosis and history of right upper extremity CRPS. She has had extensive treatment, including, PT, meds, modified activity, cervical ESI and stellate ganglion block. She has previously had surgery x 2 for right CTS and x 1 for left CTS. She is now followed by a pain specialist for chronic pain from diagnoses of cervical radiculopathy, cervical facet arthropathy and cervical sprain/strain. She has had prior MRI with findings of NF stenosis, and cervical ESI has been done. The MRI was done on 12/27/11, and showed multilevel mild disc bulges of 1-2 mm between C3 C6. The patient returned, in follow-up on 10/10/13 having recently undergone an ESI at C5-6. This was done on 7/29/13. Neck pain and radicular symptoms have increased. A neurosurgery consult was authorized. The patient has pain at the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SERIES OF RIGHT KNEE SYNVISIC INJECTIONS 6ML/48MG: 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),, KNEE & LEG (ACUTE & CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, HYALGAN AND HYALURONIC ACID INJECTIONS.

Decision rationale: ACOEM Guidelines and the CA MTUS are silent on viscosupplementation, therefore, consider ODG, which states that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Documentation must reflect significantly symptomatic osteoarthritis that has not responded to conservative non-pharmacologic and pharmacologic therapies. ACR criteria to establish symptomatic and severe osteoarthritis include at least 5 of the following: 1) Bony enlargement; 2) Bony tenderness; 3) Crepitus; 4) ESR < 40 mm/hr; 5) Less than 30 minutes of morning stiffness, 6) No palpable warmth of synovium; 7) Over 50 years old; 8) Rheumatoid factor less than 1:40, and 9) Synovial fluid signs. Other criteria include pain affecting functional activity, failure to respond to aspiration/injection, performed without fluoroscopy or ultrasound, not candidates for TKR, failed prior knee surgery. In this case, though the patient has diagnosis of tricompartmental arthritis, I do not see at least 5 ACR criteria that confirm this. Medical necessity for Synvisc x 3 to the knee is not established.

1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: This is a patient with chronic neck pain, and with no documentation suggestive of any clinically significant changes, such as new trauma, new red flags, or progressive neurologic deficits. She has already had a prior MRI, and recent ESI has been done. ACOEM is silent with regards to the specific issue of repeat MRI of the spine, but ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). As I do not see any significant change in symptoms or are there findings suggestive of significant as noted above, the medical necessity for this repeat MRI of the cervical spine is not established.