

Case Number:	CM13-0048391		
Date Assigned:	12/27/2013	Date of Injury:	10/10/2001
Decision Date:	10/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 67 year old male with a work injury dated 10/2/01. The diagnoses include low back syndrome ; lumbar spine spondylosis ; lumbar disc disease with sciatica; status post left knee surgery; osteoarthritis degenerative joint disease; bilateral lower extremity radiculitis. Under consideration is a request for Synvisc injection left knee and home health care 6 hours a day times 5 days a week times 3 months. There is a 7/22/13 document that states that the patient presents with complaints of left shoulder pain rated 5- 6/10 and left knee pain rated 7 - 8/10, on a numerical pain scale. The patient also complains of lower back pain rated 7 -8 radiating to the hips. He indicates that pain is worse with repetitive lifting/carrying of 20 pounds. Pain is alleviated by the use of medications and injections . The patient reports that the lower back pain is worsening and is associated with numbness. He is using Fentanyl patches to alleviate pain. The patient also reports that pain medications have affected bowel movements and interrupted his sleep. The patient received chemo twice monthly for lymphoma. The patient underwent left knee surgery, 11 times. There is tenderness at the left knee. All knee range of motion cause pain. The treatment plan included numerous consultations, a Synvisc injection to the left knee; and home health care. On exam there is knee tenderness on the left with bilateral decreased range of motion. There is a request or Synvisc injection to the left knee to provide relief of of osteoarthritis (OA) knee. The plan states that the authorization request for a home health aid has been denied. Therefore, there is a request for authorization for the patient to have a home health aid for activities of daily living five days a week for 3 months for left knee osteoarthritis and lower back pain/pain/degenerative joint disease. He is s/p 3/3/05 1) Left knee arthroscopy, removal of loose body by arthrotomy, medial. 2) Partial medial meniscectomy. 3) Chondroplasty, shaving with microfracture technique, medial femoral condyle . 4}

Chondroplasty, patella. 5) Synovectomy. Per documentation a 6/17/02 left knee x ray revealed prominent arthritic changes were present.2. There were findings suggestive of patellofemoral chondromalacia.3. Osteochondritis dissecans of the medial femoral condyle and adjacent tibial plateau was present.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVIC INJECTION IN THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg chapter, Hyaluronic acid injections

Decision rationale: Synvisc injection left knee is not medically necessary per the ODG guidelines. The MTUS does not specifically address Synvisc injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore Synvisc injections of the left knee is not medically necessary.

HOME HEALTH CARE 6 HRS A DAY X 5 DAYS A WEEK X 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Home health care 6 hours a day times 5 days a week times 3 months is not medically necessary per the MTUS Guidelines. The guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation does not indicate that the patient is homebound. The request for home health 6 hours a day times 5 days a week times 3 months is not medically necessary.

