

Case Number:	CM13-0049154		
Date Assigned:	12/27/2013	Date of Injury:	05/16/1995
Decision Date:	05/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery 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:

The patient is a 64-year-old gentleman who sustained injuries to both the low back and knees on 05/16/95. The medical records provided for review specific to his knees documented that he is status post right total knee arthroplasty in 2011 and has a current diagnosis of degenerative joint disease of the left knee with recent documentation on 10/16/13 of ongoing complaints of pain. Physical examination documented no effusion with increased pain with palpation. Examination of the low back showed tenderness on palpation, restricted flexion and extension, and motor strength was 5/5 to the lower extremities. Working diagnoses were "early arthritis of the left knee," status post total knee arthroplasty, and status post lumbar fusion. Treatment recommendation was for Synvisc One injection to the left knee and a Tempur-Pedic mattress for permanent use. No documentation of prior imaging of the claimant's left knee was available for review. There is also no documentation of a recent corticosteroid injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISIC INJECTION TO THE LEFT 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP; 18TH EDITION; 2-13 UPDATES; CHAPTER KNEE AND LEG.

Decision rationale: Based on the Official Disability Guidelines (as the CA MTUS and ACOEM Guidelines do not address this request) a Synvisc one injection cannot be recommended as medically necessary. The records provided for review do not identify recent conservative treatment for the left knee to include a corticosteroid injection. The records also do not document reports of clinical imaging to support or refute a diagnosis of degenerative arthritis. The claimant's working assessment of "early arthritis." Therefore, the lack of documentation of first line treatment provided for the left knee would fail to necessitate the need for visco-supplementation injections.

TEMPUR-PEDIC BED: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION,

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the request for a Tempur-Pedic bed. The Official disability Guidelines recommends that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Therefore, the request for a Tempur-Pedic bed as an isolated medical treatment given the claimant's chronic history would not be supported.