

Case Number:	CM13-0061239		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2001
Decision Date:	03/31/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47 year old female with date of injury 11/27/01. The treating physician report dated 10/21/13 indicates the patient's diagnoses as: 1. Status post right knee arthroscopy, meniscectomy, synovectomy, chondroplasty 12/3/10. 2. Left knee patellofemoral arthralgia with arthroscopy in 2006 and +MRI 7/19/10. The utilization review report dated 11/18/13 denied the request for bilateral knee synvisc injections and modified an unknown prescription for Lactulose to a certification of 1 prescription of Lactulose one bottle. The rationale for denial of the Synvisc injections was that the American College of Rheumatology criteria was not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Lactulose: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: McKay SL, Fravel M, Scanlon C Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct 51 p.

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

Decision rationale: The patient presents with chronic bilateral knee pain post surgically. The patient is taking Tramadol ER and the treating physician states "discontinue Colace, start Lactulose and continue Tramadol ER." The MTUS guidelines do not address Lactulose or the usage of laxatives. The ODG guidelines state that prophylactic treatment of opioid induced constipation is recommended. Recommendation is for authorization.

Bilateral Synvisc knee injections: Overturned

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

Decision rationale: The patient presents with chronic bilateral knee pain post surgically. The treating physician requested on 9/6/13 that the patient receive bilateral Synvisc injections due to osteoarthritis, failed conservative care, bracing, medication and activity avoidance. The MRI findings as documented in the 10/21/13 treating physician report indicates that the patient has moderate to severe osteoarthritis. There is documentation of failed conservative care and continued moderate to severe post-surgical pain. The MTUS guidelines do not address Synvisc injections. The ODG guidelines state "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The criteria for performing the injection is symptomatic osteoarthritis not responding to conservative care. The treating physician has documented that the patient has significantly symptomatic osteoarthritis that has not responded to conservative treatments after at least 3 months of treatment. There is documented MRI findings to support osteoarthritis and the patient has pain that interferes with functional activities. The criteria of the ODG guidelines has been documented in this case. Recommendation is for authorization.