MAXIMUS Federal Services

Case Number:	CM13-0064740		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2000
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 57-year-old female who reported injury on 03/23/2000. The mechanism of injury was not provided. The physical examination revealed the patient had weakness, tenderness, and fullness on palpation of the right knee. The physician injected the patient with an intra-articular injection of steroids. The patient had complaints of significant right knee pain. The patient's diagnosis was noted to include status post right arthroscopy, 10/31/2012. Additionally, the patient's diagnosis included right knee internal derangement. The request was made for a Sleep Number bed and a Synvisc 1 injection to the right knee

IMR ISSUES, DECISIONS AND RATIONALES

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

A SYNVISC INJECTION 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), Knee & Leg Chapter, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections

Decision rationale: Official Disability Guidelines indicate that hyaluronic injections are not recommended for any other indications other than significantly symptomatic osteoarthritis. The

clinical documentation submitted for review indicated the patient's diagnoses did not include severe osteoarthritis and included right knee internal derangement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Synvisc one injection, right knee is not medically necessary

A SLEEP NUMBER MATTRESS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Mattress selection, and the Knee & Leg Chapter, DME

Decision rationale: Official Disability Guidelines indicate that mattress selection is subjective and depends on personal preference and individual factors. Mattresses are generally considered durable medical equipment. As such, the durable medical guidelines were sought. Durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including it could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury. The clinical documentation submitted for review indicated that the physician was requesting a Sleep Number bed for the patient for comfort at rest. There was a lack of documentation indicating exceptional factors to support that the mattress was primarily and customarily used to serve a medical purpose and was generally not useful to a person in the absence of illness or injury or could be rented. Given the above, the request for Sleep number mattress is not medically necessary