MAXIMUS Federal Services

Case Number:	CM13-0064867		
Date Assigned:	01/15/2014	Date of Injury:	12/08/2011
Decision Date:	06/12/2014	UR Denial Date:	12/09/2013
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, 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 66-year-old with date of injury on December 8, 2011 when he was performing his usual duties and walked on an uneven surface and twisted his knee. Knee pain ensued and MRI showed a meniscus tear. He had right knee arthroscopy on October 5, 2012; however, he continues to have knee pain. A knee replacement was recommended, but not approved. There is no mention anywhere that the patient has osteoarthritis. The patient has had physical therapy with some relief. The exam shows tenderness at the medial joint line, pes anserine bursa, and surgical portal sites. Range of motion is reported to be decreased as well. The patient is reported to be using topical pain formulations per the treating physician, but no mention in the notes about opiates or non-steroidal anti-inflammatory drug (NSAIDs) medications orally being used. The request is for synvisc injection and for random toxicology screening by urine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE SYNVISC INJECTION: 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 CHAPTER, VISCOSUPPLEMENTATION, HYALURONIC ACID

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

Decision rationale: The MTUS guideline does not specifically address synvisc. ODG addresses synvisc as a possible treatment for severe osteoarthritis when standard treatments have failed. This patient is not reported to have severe osteoarthritis by imaging or by any of the clinical notes. There is also lack of documentation of failure of standard medication non-steroidal anti-inflammatory drug (NSAID) trials. The request for a right knee synvisc injection is not medically necessary or appropriate.

RANDOM TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Drug Testing Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing can be performed when there is suspicion of illegal drug use, misuse of prescription drugs, compliance issues, and monitoring opioid therapy long-term. According to the notes presented for review, the patient is not using any short or long-term opioid therapy for pain control, and there is no mention of concern for abuse of or use of illicit drugs use conflicting with his treatment. The request for a random toxicology screening is not medically necessary or appropriate.