

Case Number:	CM13-0066005		
Date Assigned:	01/03/2014	Date of Injury:	09/18/2009
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of myofascial release therapy over the life of the claim; unspecified amounts of acupuncture; prior multilevel lumbar fusion surgery; prior left radius ORIF surgery; and extensive periods of time off of work. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for Synvisc injections. Non-MTUS ODG Guidelines were cited. The claims administrator stated that there was no evidence of arthritis present here for which Synvisc injections would be indicated. The applicant's attorney subsequently appealed. A December 26, 2013 progress note is notable for comments that the applicant reports persistent shoulder pain, knee pain, and low back pain. The applicant was on Lyrica at that time. Tenderness was appreciated about the medial and lateral joint lines. X-rays of the knee revealed good alignment with no evidence of fracture. It was stated that the request for left Synvisc injection should be withdrawn as x-rays of the left knee revealed a well-maintained joint space. The applicant was again asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Synvisc injections to the left knee done in series: 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 (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines on viscosupplementation, intraarticular knee viscosupplementation injections are recommended for treatment of moderate-to-severe knee osteoarthritis. In this case, however, the attending provider has seemingly acknowledged that the applicant does not have radiographic evidence of knee arthritis for which viscosupplementation injections would be endorsed by ACOEM. Therefore, the original utilization review decision is upheld. The request remains not certified, on Independent Medical Review.