

Case Number:	CM13-0069204		
Date Assigned:	01/03/2014	Date of Injury:	08/09/1995
Decision Date:	05/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and 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 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 70-year-old male with a date of injury of 08/09/1995. The listed diagnoses per [REDACTED] are: 1. Severe knee arthrosis bilaterally. 2. Lumbar sprain/strain syndrome. 3. Left elbow lateral epicondylitis. According to report dated 10/25/2013, the patient complains of low back and bilateral knee pain. The low back pain is described as stabbing and burning with pins and needles sensation. He also has aching pain in his bilateral knees with pins and needles sensation as well. He has difficulty getting up in morning. He is currently using Tylenol No. 4, Cartivisc, and Celebrex to control pain. Examination of the bilateral knees showed crepitus. There is bilateral medial joint line tenderness and minimal varus deformity. There is pain on range of motion. The treater is requesting Synvisc 1 injection for bilateral knees and a 1 year gym/pool membership for water exercises. Utilization is dated 12/11/2013. The treater appealed the request in a letter from 12/18/2013. The treater argues that the denying physician did not state any reason for the denial and reiterates the patient's diagnosis and objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL KNEE SYNVISIC ONE 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 CHAPTER, HYALURONIC ACID INJECTIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HYALURONIC ACID (SYNVISC) KNEE INJECTION AND CRITERIA FOR THE USE OF HYALURONIC ACID (SYNVISC) KNEE INJECTION.

Decision rationale: This patient presents with chronic bilateral knee pain. The treater is requesting 1 Synvisc injection to the bilateral knees. The MTUS Guidelines do not discuss Hyaluronic acid knee injection. Therefore, we turn to ODG for further discussion. ODG recommends "Hyaluronic acid injection as a possible option for severe osteoarthritis in patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen to potentially delay total knee replacements or who have failed the previous knee surgery for the arthritis, but in recent quality studies, the magnitude of improvement appears modest." It does not appear that the patient has tried this injection before. In this case, medical records indicate the patient is actively participating in physical therapy and taking medication with minimal relief. Given the patient's persistent knee pain and significant bilateral knee arthrosis, 1 Synvisc injection to the bilateral knees may be warranted. Recommendation is for approval.

ONE YEAR GYM AND POOL MEMBERSHIP: 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), LOW BACK CHAPTER, GYM MEMBERSHIPS.

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

Decision rationale: This patient presents with chronic bilateral knee pain. The treater is requesting a 1-year gym and pool membership. Gym memberships are not specifically addressed in ACOEM or the MTUS Guidelines. However, ODG Guidelines states "It is not recommended as a medical prescription unless a documented home exercise program with periodic assessment or revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professions." While an individual exercise program is recommended, outcomes that are not monitored by healthcare professionals, such as gym memberships or advance home exercise equipment, are not recommended and not covered under this guideline. Recommendation is for denial.