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| Case Number: | CM14-0102413 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/21/2009 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Family 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:

This is a 61-year-old male patient who reported an industrial injury on 1/21/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient is being treated for the diagnoses of cervical discopathy; bilateral cubital tunnel syndrome; carpal tunnel syndrome; lumbar discopathy; internal derangement in the bilateral knees; and bilateral ankle sprain. The patient is documented to of had right hand surgery during 1997; right shoulder surgery during 11/2007; s/p lumbar spine fusion; and left knee diagnostic operative knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty, and synovectomy debridement on 2/11/2011. The patient was noted to have complained of constant pain to the lower back and bilateral knees. The objective findings on examination included tenderness in the lumbar spine and knees and positive patellar compression test. X-rays demonstrated good position without hardware failure at L3-S1. The treatment plan included physical therapy 2 x 6 and Synvisc injections x 3 to the bilateral knees. The patient was continued off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections a series of (3) injections to bilateral knees x2 units per injection (12 units): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240; 337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections

Decision rationale: The patient is diagnosed with osteoarthritis of the bilateral knees due to reported pain and is being recommended Synvisc injections x3 for continued bilateral knee pain directed to the diagnosis of unspecified osteoarthritis. There is no demonstrated medical necessity for viscosupplementation with Supartz as there were no provided imaging study results with evidence of advanced osteoarthritis of the knees. There was no demonstrated grade of osteoarthritis to the bilateral knees and no evidence that there was an impending possibility of TKA. The provider did not document objective evidence to support the medical necessity of viscosupplementation for the treatment of the left/right knee in relation to the criteria recommended by the California MTUS. There is no demonstrated grade of osteoarthritis. The patient is status post left knee arthroscopy with partial meniscectomy and chondroplasty; however, there are no stated imaging findings on x-rays or MRI to determine whether the patient has severe osteoarthritis warranting a possible TKA in the near future. There is no demonstrated failure of oral NSAIDs or corticosteroid injections to provide pain relief to the bilateral knees. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who: - Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as, arthroscopic debridement. Younger patients wanting to delay total knee replacement. Therefore, this request is not medically necessary.