

Case Number:	CM14-0107751		
Date Assigned:	08/01/2014	Date of Injury:	05/03/2007
Decision Date:	09/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old male with a 05/03/2007 date of injury. At the time of request for authorization (05/22/2014) for Synvisc injections with VJ guidance and [REDACTED] diet membership, there is documentation of subjective (knee pain bilaterally) and objective (varus alignment) findings, current diagnoses (osteoarthritis of both knees and morbid obesity), and treatment to date (surgery, injections (including steroid as well as Synvisc), physical therapy, braces, and medications). The number of previous Synvisc injections cannot be determined. Regarding the Synvisc injections, there is no documentation of pain relief for 6-9 months following previous injections and no more than 3 series of injections over a 5-year period. Regarding the [REDACTED] diet, there is no documentation of a documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m, or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions; coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL, or LDL cholesterol greater than or equal to 160 mg/dL, or serum triglyceride levels greater than or equal to 400 mg/dL).

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections with VJ guidance: 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 and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic acid injections.

Decision rationale: The MTUS does not address this issue. The ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. In addition, the guidelines identify that hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Furthermore, the ODG identifies documentation of pain relief for 6-9 months, recurrence of symptoms, and no more than 3 series of injections over a 5-year period. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of both knees and morbid obesity. In addition, there is documentation of recurrence of symptoms. However, given documentation of previous Synvisc injections, there is no documentation of pain relief for 6-9 months following previous injections. In addition, there is no documentation of more than 3 series of injections over a 5-year period. Therefore, based on guidelines and a review of the evidence, the request for Synvisc injections with VJ guidance is not medically necessary.

█ **diet membership:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS and ODG do not address the issue. The MTUS guidelines identifies documentation of a documented history of failure to maintain weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met; BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions; coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL, or LDL cholesterol greater than or equal to 160 mg/dL, or serum triglyceride levels greater than or equal to 400 mg/dL, as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is

documentation of diagnoses of osteoarthritis of both knees and morbid obesity. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] diet membership is not medically necessary.