

Case Number:	CM14-0012598		
Date Assigned:	02/21/2014	Date of Injury:	01/09/1997
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 patient is a 63-year-old who has submitted a claim for Severe Right Knee Osteoarthritis and Lumbar Spine Disease associated with an industrial injury date of January 9, 1997. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination, there was tenderness of the right knee at the peripatellar and medial and lateral joint line. There was limitation of right knee range of motion. Crepitus was also noted. Examination of the lumbar spine showed tenderness of the paraspinals and the bilateral sacroiliac joints with mild spasm. Lumbar spine range of motion was also limited. The rest of the subjective and objective findings were unreadable due to illegible handwriting. Treatment to date has included medications. Utilization review from January 29, 2014 denied the request for lumbar spine pillow because a medical rationale supporting its use was not provided; and Synvisc injection times three total dosage 6 mL/48 mg to the right knee because there no documented findings supporting severe symptomatic osteoarthritis and there was no documentation of failure of a corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE PILLOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back Chapter, Mattress Selection.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In this case, the patient's low back complaints are of chronic nature. Furthermore, a rationale for the use of a lumbar spine pillow was not provided. A pillow is not primarily considered medical treatment. As there is a lack of evidence for pillows or bedding in general in the treatment of chronic low back pain, the request for lumbar spine pillow is not medically necessary.

SYNVISE INJECTION X 3 TOTAL DOSAGE 6ML/48MG TO RIGHT KNEE: 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).

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative treatments after at least 3 months; pain interferes with functional activities; and not currently candidates for total knee replacement or who have failed previous knee surgery. In this case, the medical records failed to identify the presence of significantly symptomatic osteoarthritis of the knee. Furthermore, there was no discussion regarding failure of conservative treatment. There was also no indication that the patient had failure of previous knee surgery. The criteria were not met. Therefore, the request for synvisc injection times three total dosage 6ml/48mg to right knee is not medically necessary.