

<b>Case Number:</b>	CM14-0012634		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, 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 injured worker is a 44 year old male with an injury reported on 08/20/2013. The mechanism of injury was not provided within the documentation. The clinical note dated 01/21/2014 reported that the injured worker complained of knee pain. The physical examination revealed localized tenderness to the left medial aspect of the left knee. The injured worker's diagnoses included derangement posterior horn medial meniscus; other enthesopathy of knee. The provider requested an outpatient synvisc injection due to post-operative arthritis and the purchase of an exercise bike, the rationale for the requested exercise bike was not provided. The request for authorization was submitted on 01/31/2014. The injured worker's prior treatments were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT SYNVISC ONE INJECTION:** 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 & Leg, Hyaluronic acid injections.

**Decision rationale:** The request for outpatient synvisc one injection is non-certified. The injured worker complained of knee pain. The provider requested outpatient synvisc injection due to post-operative arthritis. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), and pharmacologic treatments. Or, if the injured worker is intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. The guidelines go on and state the injured workers are currently not a candidate for hyaluronic acid injections if they have a failed previous knee surgery for their arthritis. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or NSAIDs. It was noted the injured worker has arthritis to the left knee post-operatively; the guidelines do not recommend hyaluronic injections for arthritis from previous failed knee surgery. In addition, there is a lack of imaging studied within the clinical documentation indicating osteoarthritis. Furthermore, the requesting provider did not specify the location for the requested synvisc injections. Therefore, the request is not medically necessary and appropriate.

**PURCHASE EXERCISE BIKE:** 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), Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** The request for purchase exercise bike is non-certified. The injured worker complained of knee pain. The provider requested the purchase of an exercise bike, the rationale was not provided. The Official Disability Guidelines recommend Durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. The rationale for an exercise bike was not provided. There is a lack of clinical information provided indicating the injured worker has been evaluated and recommended for an exercise bike. There is also a lack of information provided indicating an exercise bike would be appropriate for use in the injured worker's home. The Official Disability Guidelines would support rental versus purchase and the request is for the purchase of the equipment. Therefore, the request is not medically necessary.