

Case Number:	CM14-0119484		
Date Assigned:	08/06/2014	Date of Injury:	02/15/2005
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery, 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 claimant is a 48-year-old individual who was injured in work related accident on 02/15/05. Records for review indicate injury to the low back, neck, ankle, shoulder and knees. Clinical records available for review include PR-2 report dated 05/14/14 indicating continued complaints of neck, low back, and right shoulder complaints. There was no formal physical examination to the claimant's knees performed at that time. There was a diagnosis of "status post knee arthroscopy." No formal imaging was documented. Objective findings showed palpable tenderness to the cervical lumbar spine and right shoulder with diminished range of motion. Given the above clinical findings, claimant was recommended an ergonomic work station with built-in back and neck supports, a custom bilateral orthotic prescription for balanced gait and request for a series of viscosupplementation injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection, 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 - Knee and Leg, 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 injections.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, viscosupplementation injections to the right knee would not be indicated. Records for review failed to give any form of imaging supporting a diagnosis of underlying osteoarthritis, nor was there documentation of prior conservative care that has been utilized in regards to the claimant's right knee for review. Without documentation of the above, there would be no clear clinical indication for the acute need of viscosupplementation injections, given the claimant's current clinical presentation. Therefore, this request is not medically necessary.

Orthotics to Balance Gait: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, custom orthotics to the lower extremities would not be indicated. While guidelines indicate the orthotics have been shown to improve pain disability and quality of life for knee osteoarthritis, there is currently no documentation of clinical imaging or indication of prior conservative care that has been utilized in this individual to acutely support the role of this request. Specific indication for orthosis to the bilateral lower extremities would not be supported. Therefore, this request is not medically necessary.

Ergonomic Workstation with Built-in Adjustable Back Support/Neck Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -- California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004 Page(s): 9, 298, 301.

Decision rationale: Based on California MTUS chronic pain guidelines, ergonomic work station assessment with back and neck supports would not be indicated. Currently this individual does not carry a current diagnosis for which guideline criteria would support the use of back bracing or supportive measures. Without documentation of conservative care, the specific request for this individual would not be supported as medically necessary. Therefore, this request is not medically necessary.