

Case Number:	CM14-0122858		
Date Assigned:	08/08/2014	Date of Injury:	04/15/2006
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 54-year-old female cashier sustained an industrial injury on 4/15/08. The mechanism of injury was not documented. The patient underwent partial medial and lateral meniscectomies, removal of multiple small loose bodies, partial synovectomy, and chondroplasty on 7/15/10. The 11/1/12 lumbar spine x-rays showed vertebral body heights and disc spaces well maintained and normal lordotic curve. The sacroiliac joints were clear. The hip spaces were normal. The 7/9/14 treating physician report cited grade 5/10 bilateral knee and low back pain. Physical exam noted general appearance, mood and affect were normal. The diagnosis was bilateral knee degenerative joint disease, severe left and moderate to severe right medial knee collapse, and chronic low back pain/strain. The treatment plan included activity modification, ice, anti-inflammatory medication, and corticosteroid injections. A corticosteroid injection was performed with immediate improvement in symptoms noted. The treatment plan recommended lumbar medial unloader brace due to severe medial bone-on-bone collapse and a lumbar MRI due to lack of improvement with physical therapy and time. The patient was working full duty. The 7/17/14 utilization review denied the request for Synvisc injections as there had been a corticosteroid injection to the left knee the week prior with no discussion of efficacy. The request for lumbar MRI was denied as there was no lumbar exam in the submitted records. Records suggest that the most recent physical therapy was in early 2013 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Synvisc Injection Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Knee & Leg.

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, Hyaluronic Acid Injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for Synvisc injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. The guideline criteria have not been met. There is no evidence that the patient has failed to respond adequately to standard treatments. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. The patient received a corticosteroid injection on 7/9/14 with reported immediate benefit, follow-up on longevity of this response would be required. There are no current exam findings or a functional assessment to establish that the patient has significant bilateral symptomatic osteoarthritis. Therefore, this request is not medically necessary and appropriate.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-59.

Decision rationale: The California MTUS low back guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Indiscriminant imaging carries the risk of diagnostic confusion. The revised ACOEM low back guidelines recommend MRI as an option for the evaluation of select chronic lower back pain patients in order to rule-out concurrent pathology unrelated to the injury. This option should be considered only after other treatment modalities (including non-steroidal anti-inflammatory drugs, aerobic exercise, other exercise, and considerations of manipulation and acupuncture) have failed. The guideline criteria have not been met. There is no current exam evidence relative to the low back evidencing objective findings of specific nerve compromise. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Therefore, this request is not medically necessary and appropriate.