

Case Number:	CM14-0127730		
Date Assigned:	08/15/2014	Date of Injury:	11/22/2013
Decision Date:	12/05/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Pain 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:

This is a female patient with a date of injury of November 22, 2013. A utilization review determination dated July 18, 2014 recommends non-certification of Synvisc injections x5 to the right knee. A progress note dated June 10, 2014 identifies subjective complaints of right shoulder pain rated as a 5/10 and low back pain rated as a 6/10. The patient underwent cortisone injection to the right shoulder 4 to 5 months ago that provided temporary relief. The patient completed acupuncture two months ago with no relief, the patient completed a course of physical 2 months ago with no significant relief, and the patient is engaged in a home exercise program. The patient is reporting ongoing difficulties with activities of daily living. Physical examination of the right knee reveals tenderness with palpation of the medial meniscus and patellar tendon, positive Mac Murray's test with internal rotation with clicking of the medial meniscus, and positive Apley's compression test is also positive for medial meniscal pain. The diagnoses include lumbar sprain/strain, right shoulder sprain/strain, closed head trauma with loss of consciousness, lumbar spine radiculopathy, and right knee internal derangement. The treatment plan recommends updated x-rays of the right shoulder and right knee, request for a neurological consultation due to the patient's migraine related headaches, authorization is being requested for an internal medicine consultation and treatment to the patient's gastrointestinal complaints, authorization is being requested for psychiatric evaluation due to the patient's anxiety and depression, the physician is awaiting MRI results of the right shoulder and lumbar spine for review, authorization is being requested for the patient to undergo a series of 3 to 5 Synvisc injections to the right knee, the patient is to continue with a home-based exercise program, and the patient is to continue the use of topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x 5, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS 2013 clinical practice guideline for osteoarthritis of the knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc injections x5 for the right knee, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no indication that the patient has failed conservative treatment including physical therapy specifically for the knee and medication. Furthermore, there is no documentation of an x-ray identifying osteoarthritis in the right knee. Additionally, guidelines do not support the use of hyaluronic acid injections for internal derangement of the knee. As such, the currently requested Synvisc injections x5 for the right knee is not medically necessary.