

Case Number:	CM14-0152626		
Date Assigned:	09/22/2014	Date of Injury:	05/26/2014
Decision Date:	10/22/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old female with an injury date of 05/26/14. Based on the 08/13/14 progress report provided by the treating doctor states the patient complained of left knee pain. She was status post left knee arthroscopy 2006. Physical examination to the left knee revealed patellar crepitus and tenderness with firm compression. No fullness and no masses were palpable posterior to the knee. McMurray's test was positive. The treating doctor requested Synvisc injections to cure and relieve the effects of patient's industrial injury. She has difficulty with showering, dressing and house chores. Patient declines oral medications except for heartburn medication. MR arthrogram of the left knee 07/09/14 revealed status post prior partial medial meniscectomy without evidence of recurrent residual tear; moderate osteoarthritic changes in the medial compartment with loss of cartilage; and joint space narrowing with anterior osteophytosis. Current diagnosis as of 08/13/14 was left knee tendinitis, status post arthroscopy 2006; status post-surgical intervention to the right ankle nonindustrial; and status post bilateral carpal tunnel release nonindustrial. The utilization review determination being challenged is dated 09/16/14. Medical records provided are from 05/26/14 - 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc injections for the left 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 (Acute & Chronic)

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

Decision rationale: The patient presents with left knee pain. The request is for 3 Synvisc injections for the left knee. Diagnosis dated 08/13/14, includes left knee tendinitis and status post arthroscopy 2006. MR arthrogram of the left knee 07/09/14 shows moderate osteoarthritic changes in the medial compartment with loss of cartilage and that she is status post prior partial medial meniscectomy without evidence of recurrent residual tear. Official Disability Guidelines (ODG) on Synvisc for knee: "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise). Pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months." "Documented of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria." "After meniscectomy: This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended." Per progress report 08/13/14, the treating doctor requested Synvisc injections to cure and relieve the effects of patient's industrial injury. In review of reports, there is no documentation that patient has severe osteoarthritis based on American College of Rheumatology criteria. There is no documentation that patient responded to non-pharmacologic and pharmacologic treatment. Furthermore, per ODG RCT, the request for hyaluronic acid injection is not recommended nor found to be beneficial post meniscectomy. Therefore, this request is not medically necessary.

Consult with specialist for gastric sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Obesity Surgery

Decision rationale: The patient presents with left knee pain. The request is for consult with specialist for gastric sleeve. Per progress report 08/13/14, the patient declines oral medications except for heartburn medication. Regarding weight loss surgeries, MTUS, Official Disability Guidelines (ODG) and ACOEM are silent. AETNA guidelines requires BMI greater than 40,

previously attempted physician supervised nutrition and exercise program along with other criteria. AETNA guidelines were based on criteria that were adapted from the NIH Consensus Conference on Surgical Treatment of Morbid Obesity (1998) which state that obesity surgery should be reserved only for patients who have first attempted medical therapy. Weight loss surgery should be reserved for patients in whom efforts at medical therapy have failed and who are suffering from the complications of extreme obesity. In this case, the medical reports do not include attempted efforts at medical therapy, no BMI is provided. Therefore, this request is not medically necessary.