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| Case Number: | CM14-0177243 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 07/07/1995 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Internal 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:

The injured worker is a 50-year-old man with a date of injury of July 7, 1995. On August 26, 1997, the injured worker was involved in a motor vehicle accident injuring his left knee and left shoulder on his way home from physical therapy. His Work Comp carrier accepted this claim. He has had bilateral knee surgery and left shoulder surgery. Pursuant to a progress reports dated September 19, 2014, the injured worker complains of low back pain rated 6/10. Any type of bending, twisting, and turning aggravates his low back pain. He qualifies his discomfort in his lower back to about 70% in comparison with the pain radiating down to both lower extremities, which is 30%. He has post-laminectomy syndrome having undergone an L5-S1 hemilaminectomy in 1998. After the surgery, he remained symptomatic. He received trial to undergo spinal cord stimulation June 26, 2014. Objective physical finding referable to the right and left knee revealed normal deep tendon reflexes and normal strength was noted. Current analgesic medications include MS Contin 90mg BID, MS Contin 30mg BID, Roxycodone 30mg 7 tablets daily, Anaprox DS 550mg BID, Colace 100mg BID, AndroGel 1.62% - 2 pumps daily, and Prilosec 20mg BID. The injured worker had been diagnosed with: 1. Lumbar post-laminectomy syndrome, status-post L5-S1 ALIF on December 16, 2008 with residual bilateral lower extremity radiculopathy, left greater than right. 2. Bilateral knee internal derangement, status-post arthroscopy, most recently on the right in January 2014. 3. Bilateral shoulder internal derangement status-post left shoulder arthroscopy in October 2012 with good results. 4. Urologic/sexual dysfunction secondary to #1. 5. Reactionary depression/anxiety. 6. Medication-induced gastritis. 7. Numerous dental caries, secondary to medication use. 8. Hypogonadism due to chronic opioid use. The injured worker has completed 8 sessions of physical therapy, which was helpful. The injured worker received 4 trigger- point injections on the day of evaluation. He reported good pain relief of greater than 50% and increased range of motion within a few

minutes. The provider is recommending authorization for Synvisc for the right knee. The injured worker is having more pain with weight bearing, He responded only temporarily for a few weeks to corticosteroid injections. He has significant tricompartmental osteoarthritic changes and joint space narrowing. The provider states that for these reasons, the injured worker is an excellent candidate for Synvisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation History, Initial and Interval Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 4)

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 Chapter, Synvisc

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc one injection is not medically necessary. Synvisc is hyaluronic acid is injected into the joint space. It is recommended as a possible option for severe osteoarthritis for patients that have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or acetaminophen). While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. After meniscectomy, no benefits of these injections in the first six weeks were achieved and it was concluded that routine use of hyaluronic acid (injection) cannot be recommended. In this case, the progress note dated September 19, 2014 indicates low back pain with ongoing radicular symptoms; left knee and left shoulder pain (from motor vehicle accident August 26, 1997); and surgical intervention L5-S1. The injured worker is taking multiple narcotic opiates including MS Contin 60 mg BID; MS Contin 30 mg BID; Roxicodone 30 mg seven tablets daily; Anaprox DS 550 mg BID; Prilosec 20 mg b.i.d.; and Androgel. Physical findings referable to the knee showed normal deep tendon reflexes normal strength in the right and left knee. The clinical assessment referenced lumbar post laminectomy syndrome; bilateral knee internal derangement, status post arthroscopy, most recently on the right in January 2014; bilateral shoulder internal derangement; urologic/sexual dysfunction. The discussion in the progress note did not address osteoarthritis as the underlying problem in the medical record nor did the treatment plan address osteoarthritis is the reason for the Synvisc injection. As noted above, osteoarthritis is the recommended indication and there is insufficient evidence for injections in other conditions (supra). Consequently, Synvisc injection is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Synvisc injection is not medically necessary.