

Case Number:	CM14-0184712		
Date Assigned:	11/12/2014	Date of Injury:	07/07/1995
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/05/2014

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 (IW) is a 50-year-old man with a date of injury of July 7, 1995. The mechanism of injury is not documented in the medical record. Pursuant to the progress note dated September 19, 2014, the IW complains of persistent low back pain with ongoing radicular symptoms in the lower extremities. The low back pain was rated 6/10 and was aggravated by any type of bending, twisting and turning. The IW started escalating the dose of analgesic pain medication to the point that the IW was taking Oxycodone 80mg tablets about 8 per day. Subsequently, the IW required an anesthesia assisted medical opiate detoxification in April of 2010. The IW was off all pain medication for approximately 6 months. Due to severe and debilitating back pain, the IW started back on pain medications. Current medications include MS Contin 60mg, MS Contin 30mg, Roxicodone 30mg, Anaprox DS 550mg, Prilosec 20mg, Colace 100mg, and AndroGel 1.62%. The IW had a stiff antalgic gait favoring the left lower extremity. There were no specific objective findings for the right knee. Lower extremity motor testing was essentially normal. The IW was diagnosed with bilateral knee internal derangement, status post arthroscopy, most recent on the right January of 2014. The IW had chiropractic treatment, which helped. He completed 8 sessions of aqua-physiotherapy, which helped. The provider is requesting Synvisc One for the right knee. The IW responded only temporarily for a few weeks to corticosteroid injections.

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 Official Disability Guidelines Knee & Leg (updated 08/25/2014) 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); Knee Section, Hyaluronic acid injections

Decision rationale: Pursuant to the Official Disability Guidelines, hyaluronic acid injections to the right knee are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or acetaminophen) to potentially delay total knee replacement. While osteoarthritis is a recommended indication, there is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dessicans, or patellofemoral syndrome. Criteria for injections are present in the ODG. In this case, the subjective and objective complaints were largely about the lumbar spine. The latest progress note dated August 25, 2014 addresses range of motion with respect to the knee joint. Range of motion was full and complete. There were no other physical examination findings relative to the affected knee. The physician's diagnostic impression of the knee is absent. Consequently, the request is not medically necessary.