

Case Number:	CM14-0026709		
Date Assigned:	06/13/2014	Date of Injury:	03/08/2004
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Nevada. 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 64-year-old lady who was reportedly injured on March 8, 2004; (also August 30, 2007 & March 13, 2007). The mechanism of injury was noted as walking on uneven pavement, and a trip and fall occurred resulting in multiple injuries. The most recent progress note, dated January 22, 2014, indicated that there were ongoing complaints of left knee pain (status post arthroscopy 2009), and that a Synvisc injection had been completed. There was some difficulty with weightbearing activities. The physical examination demonstrated left knee flexion of 130. Diagnostic imaging studies were referenced; however, no formal reports presented for review. Previous treatment included left knee arthroscopy, viscosupplementation, left shoulder arthroscopy with a steroid injection and acupuncture. A request had been made for additional acupuncture two times a week for six weeks and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When considering the date of injury, the multiple injuries, the findings on the most recent physical examination, there is no clear objectified clinical indication of any efficacy or utility relative to the acupuncture completed. Subjective results are noted. Accordingly, there is no medical necessity established for continued acupuncture. Therefore, when noting the parameters outlined in the acupuncture guidelines (optimum duration 1-2 months) and by the clinical information, this request is not medically necessary.

SYNVISC ONE VISCOSUPPLEMENTATION INJECTIONS FOR THE LEFT KNEE:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: It was noted that the California guidelines do support viscosupplementation for chronic to moderate severe osteoarthritis. However, the progress notes indicate that the pathology was in the retropatellar surface (chondromalacia patella) and not an intra-articular osteoarthritis. Therefore, based on the progress notes and the clinical information, there is no medical necessity established for a viscosupplementation injections.