MAXIMUS Federal Services

Case Number:	CM14-0040857		
Date Assigned:	06/30/2014	Date of Injury:	12/07/2005
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational 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 applicant is an [redacted] employee who has filed a claim for chronic shoulder, chronic knee, and chronic neck pain reportedly associated with an industrial injury of December 7, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy; earlier knee arthroscopy; unspecified amounts of postoperative physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for Synvisc injections. Portions of the Utilization Review Report were truncated, although it appeared that the denial is based on lack of efficacy with earlier Synvisc injections. In a May 2, 2008 medical-legal evaluation, it was stated that the applicant has not worked as a truck driver since April 2006. In a May 14, 2014 pain management note, the applicant presented with multifocal neck, low back, shoulder, and knee pain. The applicant was described as obese, with a BMI of 31. It was stated that the applicant should continue to try and lose weight. Topical compounds were endorsed. The applicant was not working. In a May 13, 2014 orthopedic note, the applicant was described as reporting multifocal neck, low back, and knee pain, 2 to 4/10, with derivative complaints of anxiety, depression, stress, and insomnia. The applicant exhibited a positive McMurray sign about the knee. The applicant had a BMI of 32, it was stated. The applicant was asked to remain off of work, on total temporary disability. Authorization was sought from a left knee Synvisc injection. It was stated that the applicant's total knee arthroplasty was on hold at this point. It was suggested (though not clearly stated) that the total knee arthroplasty was being held so as to afford the applicant's inability to lose weight before the surgery in question.On April 15, 2014, it was stated that the applicant wanted to avoid total knee replacement. It was stated that an earlier Synvisc injection had provided the applicant with temporary relief. The applicant had reportedly failed two earlier knee arthroscopies and was described as having

significantly symptomatic knee arthritis which is proven recalcitrant to time, medications, knee arthroscopies, and topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Left knee Synvisc injections: Overturned

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.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 3nd Edition (2004), Chapter 13).

Decision rationale: As noted in the third edition ACOEM Guidelines knee chapter, viscosupplementation (Synvisc) injections are indicated in the treatment of moderate-to-severe knee osteoarthrosis, particularly in applicants who wish to defer or avoid total knee arthroplasty. In this case, the applicant intends to defer or avoid total knee arthroplasty and that, moreover, that an earlier Synvisc injection was at last temporarily successful. Therefore, the request for 3 left knee synvisc injections are medically necessary and appropriate.