MAXIMUS Federal Services

Case Number:	CM14-0073772		
Date Assigned:	07/16/2014	Date of Injury:	11/17/2005
Decision Date:	08/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 claimant is a 67 year-old male attorney with a history of orthopedic injuries sustained in 2001 and 2005. On one occasion, the claimant fell backwards against a wall while working when his chair broke, injuring his back and right knee. The claimant has been symptomatic from chronic lower back pain with an magnetic resonance imaging (MRI) dated 5/15/07 revealing moderate degenerative disc changes of the facet joints at L4 - S1, multilevel disc bulges L3 - L5, central canal stenosis and intraforaminal stenosis L3 - L5. Based upon a physical examination, the lumbar spine reveals tenderness, muscle spasms, muscle guarding and pain with straight leg raise (SLR). In addition to complaining of chronic low back pain, the claimant also complains of chronic right knee pain with crepitus. Also, a positive compression and grind test was performed which displayed medial joint line tenderness and a limp. An X-ray of the knee performed on 4/8/14 demonstrated mild medial compartment degenerative joint disease with narrowing of the joint. Requested treatment in dispute include, Acupuncture Treatments #6 and a Right Knee Synvisc Injections series of 3 #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatments #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is indicated for treatment of chronic pain conditions. The frequency and duration of acupuncture may be performed as follow, the time to produce functional improvement 3 - 6 treatments, frequency 1 - 3 times a week and optimum duration 1-2 months. Acupuncture Treatment #6 is not medically necessary.

Right Knee Synvisc Injections series of 3 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Acute and Chronic: Hyaluronic Acid Injections.

Decision rationale: A radiograph of the right knee was performed at the time of re-evaluation on April 8, 2014 which demonstrated mild medial compartment degenerative joint disease osteoarthritis (OA) with narrowing of the joint, three millimeters. In the past, the claimant received several series of Synvisc injections with the last series administered in May/June 2011, which led to good long term relief of his pain and increased tolerance for weight-bearing. The criteria of Hyaluronic Acid injections according to the Official Disability Guidelines indicate patients that experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments and repeated series of injection with documented significant improvement in symptoms for 6 months or more may be reasonable to do another series. Right Knee Synvisc Injections series of 3 #1 is not medically necessary.