MAXIMUS Federal Services

Case Number:	CM14-0102438		
Date Assigned:	09/16/2014	Date of Injury:	04/12/2007
Decision Date:	02/13/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old with a work injury dated 10/20/14. Under consideration is a request for a series of Synvisc injections to the right knee.There is only one office visit available for review which is a primary treating physician (PR-2) progress note dated 1/5/2015. This states that the patient complains of constant severe to 10/10 achy, sharp, stabbing, throbbing right shoulder pain and stiffness,aggravated by any activity and also at rest. The objective findings state that the patient is right hand dominant. There is no bruising, swelling, atrophy, or lesion present at the right shoulder. There is decreased range of right shoulder motion in all planes. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. There is muscle spasm of the anterior shoulder and posterior shoulder. Speed's is positive. Hawkin's is positive. Neer's is positive. Supraspinatus Press is positive. Shoulder Apprehension is negative. The diagnoses include: Right rotator cuff sprain / strain; Right shoulder adhesive bursitis; Right shoulder internal derangement; Right shoulder myoligamentous injury; Right shoulder pain; Right shoulder sprain / strain; Status post surgery, right shoulder. The treatment plan includes pending approval chiropractic 2 days a week for 4 weeks for conditioning while awaiting surgery and a request for authorization for right shoulder arthroscopic assisted rotator cuff repair with debridement. Also Request 12 visits post op therapy. The patient is to remain off of work.Review #424788 dated 6/3/14 states that the patient was seen on 5/21/14 and had persistent right knee and wrist pain. The objective findings included joint line tenderness medially with swellingand patellar tendon tenderness. Additional findings included positive grind maneuver and McMurray'ssign medially. X-rays of the right knee showed joint space narrowing medially on the right and sclerosisof the tibial plateau. The patient was diagnosed with (847.0) cervical strain; (722,10) L4-5 annulartearing; (719.46) right knee pain following arthroscopy with chondromalacia noted at time of surgery4/12/l0; (354.0)

left carpal tunnel syndrome and first carpometacarpal joint pain; (V45.89) status postright carpal tunnel release surgery and first carpometacarpal joint fusion with possible pseudoarthrosis;(309.81) stress syndrome; (780.52) insomnia; left ventricular hypertrophy, rule out labile hypertension;(722.10) L4-5, L5-S1 disc protrusion; and gastrointestinal reflux and irritable bowel syndrome with rectalbleeding. Treatment to date consisted of but was not limited to medications, postoperative physicaltherapy, arthroscopy, and intra-articular injections. He was able to return to modified work. The series of Synvisc injections were denied for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Synvisc Injections To Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities 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 & Leg-Hyaluronic acid injections.

Decision rationale: A Series of Synvisc injections to the right knee is not medically necessary per the ODG. The MTUS does not specifically address Synvisc injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The only progress note submitted does not address knee complaints. For all of these reasons the request is not supported per the Official Disability Guidelines and therefore a series of Synvisc injections to the right knee is not medically necessary.