

Case Number:	CM14-0198887		
Date Assigned:	12/09/2014	Date of Injury:	10/28/2004
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Interventional Spine 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 patient is a 57-year-old male with a date of injury of 10/28/2004. According to the progress report dated 10/09/2014, the patient presents with chronic bilateral knee pain which he describes as burning, aching, and dull. He rates his pain as 8/10. The patient states that he did not take his pain medication on this date and his pain level described above are without the effects of medication. The patient reports waking up in the middle of the night due to increase in pain and decreased muscle mass and strength. Examination findings revealed the patient ambulates with an antalgic gait favoring the right and he is wearing an unloader knee brace. Examination of the lumbar spine revealed reflexes for the hamstrings are diminished on the right and normal on the left. There is tenderness on palpation at the right thigh and hip. Examination of the knee revealed nonspecific tenderness to the bilateral knees. Palpation indicates moderate "tenderness at the medial peripatella, lateral peripatella, medial collateral, and lateral collateral on the right. Palpation indicates mild tenderness at the medial parapatella, medial collateral, and lateral collateral on the left." McMurray's and Apley's grind test are positive. The listed diagnoses are: 1. Chondromalacia of patella, left knee. 2. Status post left knee arthroscopy 20063. Status post right knee arthroscopy 20044. Tendinitis of right hip. Treatment plan includes Proove Biosciences risk test and Synvisc injections for the right knee, quantity #3. The Utilization Review denied the request on 11/03/2014. Treatment reports from 06/05/2014 to 11/20/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Biosciences Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition, Online; Chapter on Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Genetic testing for potential opioid abuse.

Decision rationale: This patient presents with chronic bilateral knee pain. The current request is for Proove Biosciences Risk Test. The treating physician states "Proove metabolic test is performed to identify the genetic risk factors of narcotic abuse..." According to <https://proove.com/wp-content/uploads/2014/11> Proove risk tests include 12 genetic assessments tests "for better prescribing decisions." The MTUS and ACOEM Guidelines do not discuss genetic testing. However, ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and largely phenotype range." The requested testing is not medically necessary.

Synvisc Injections for the Right Knee QTY: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011, Knee- Hyaluronic Acid Injections, Journal of Knee Surgery, 2004 Apr; 17(2):73-7, "Viscosupplementation with Hylan G-F 20 (Synvisc): pain and mobility observations from 74 consecutive patients," By Lee, S, Park D, Chmell SJ., Department of Orthopedic Surgery, University of Illinois, Chicago 60612, USA.

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 chapter, Hyaluronic acid injections.

Decision rationale: This patient presents with chronic bilateral knee pain. The current request is for Synvisc Injections for the right knee Qty 3. AME report dated 11/17/2014 notes following the 2006 arthroscopic surgery, the patient underwent "Synvisc injections for both knees as well, which provided temporary relief." The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, we turn to ODG for further discussion. ODG Guidelines under the knee and leg chapter has the following regarding Hyaluronic acid injections, "recommended as possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAID, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states that the study assessing the efficacy of intraarticular injections of Hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found the results were similar and were not statistically significant between treatment

groups, but HA was somewhat superior to placebo improving knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, there are no x-rays provided in the medical file to indicate severe arthritis to warrant these injections. In addition, it appears the patient already underwent a series of injections without much benefit. The requested series of Synvisc injections are not medically necessary.