

Case Number:	CM14-0215860		
Date Assigned:	01/05/2015	Date of Injury:	06/01/2013
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 34 year old female with a date of injury 6/1/2013. The mechanism of injury was not included in the records reviewed. The results of her injury included low back pain and left knee pain. Diagnoses included right elbow epicondylitis, lumbar strain, left knee internal derangement, and left partial anterior cruciate ligament tear. Diagnostic testing has included an MRI of the lumbar spine which revealed disc protrusion at L4-5, moderate narrowing of the spinal canal and of the lateral recesses, mild to moderate right foraminal narrowing, left foraminal disc protrusion at L5-S1, and moderate left foraminal narrowing. The IW also had an MRI of the left knee on 10/8/13. Treatments have included prescription analgesia, left knee arthroplasty, and physical therapy. The supplemental report dated 06/24/2014 indicates that since the last examination, the injured worker felt worse and complained of left-sided mid and low back pain. She rated the low back pain a 7 out of 10. She rated the left knee pain a 4-7 out of 10. The pain radiated to the left buttock, elbow, hip, thigh, knee, ankle, foot, toe, and leg. The physical examination of the left knee showed tenderness to palpation, spasms, and swelling over the patella and over the medial and lateral joint lines; restricted range of motion due to pain and spasm, decreased flexion, and normal extension. The medical report from which the requests originate are not in the medical records provided for review. On 12/5/2014 the UR noncertified a request for Synvisc injection and a pain management consultation citing ODG and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Section

Decision rationale: CA MTUS is silent on this topic. Review of ODG, Knee and Leg section, shows that hyaluronic acid injections are recommended for patients with symptomatic osteoarthritis that is supportive by both objective physical examination findings as well as diagnostic studies. Candidates for this therapy must fail conservative non-pharmacologic as well as pharmacologic remedies. Additionally, pain must interfere with functional activities. The documentation in this case does not include physical examination findings or diagnostic study reports to support a diagnosis of severe osteoarthritis. Additionally, there is little evidence to suggest a limitation of function related to this joint. The request for Synvisc injection is not medically necessary.

Consult pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 311-316.

Decision rationale: A pain management consultation was requested for the injured worker. Following the algorithm as outlined in CA MTUS chronic pain guidelines, the chart documentation should demonstrate failure of conservative therapies as well as failure to control pain with regimen prior to referral to specialists. The chart documentation does not support failure of conservative treatments. As such, pain management is not medically necessary.