

Case Number:	CM15-0106119		
Date Assigned:	06/10/2015	Date of Injury:	09/20/2004
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: California
 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 is a 46 year old male who sustained an industrial injury on 09/20/04. Initial complaints and diagnoses are not available. Treatments to date include medications, and right wrist, left knee and ankle surgery, a spinal cord stimulator trial, and a Synvisc injection to the right knee. Diagnostic studies include MRIs of the left femur/thigh, left knee, lumbar spine, bilateral ankles, as well as electrodiagnostic studies of the lower extremities and a lumbar provocative discogram. Current complaints include pain in both knees. Current diagnoses include bilateral knee and ankle internal derangement, complex regional pain syndrome of the lower extremities, lumbar myoligamentous injury to L5-S1 spondylolisthesis and bilateral lower extremity radiculopathy, urologic dysfunction/impotence, spinal cord simulator trial, psoriatic arthritis, left quadriceps muscle strain, and medication induced gastritis. In a progress note dated 05/01/15 the treating provider reports the plan of care as a Synvisc injection to the right knee, a trigger point injection on the date of service, bilateral x-rays of the knees, medication including Norco, Ativan, Cialis, Ultracet, Anaprox, Prilosec, Prozac, Fexmid, Neurontin, and Doral. The requested treatments include x-rays of the bilateral knee and a Synvisc injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral knee x-rays weight bearing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), x-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347-352.

Decision rationale: The patient has a complex history with an injury sustained in September of 2004 with subsequent multiple musculoskeletal complaints. The request is for bilateral knee x-rays for the purpose of determining the amount of degeneration and joint space narrowing. The patient has been found to have MRI findings of degenerative changes in the menisci on the left and mild chondromalacia of the patella on the right. The patient does have limited mobility and was reported to show improvement with Synvisc injections previously performed. The ACOEM guidelines state that plain film radiographs are indicated for suspected "red flags". Red flags include fracture or dislocation, infection, neurologic or vascular compromise. There is no indication mentioned in the guidelines with regards to the use of plain x-rays for the purpose of monitoring joint space narrowing. There is inadequate documentation of any of the red flags specified. The utility of the study was not discussed with regards to how the results would change the management offered. As such, the request is not medically necessary.

One (1) Synvisc injection to the right knee: 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), Hyaluronic Acid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://products.sanofi.us/synvisc/synvisc.html>.

Decision rationale: The patient has a complex history with an injury sustained in September of 2004. Subsequent diagnosis are multiple, but specified to the right knee include internal derangement. Upon review of the medical records provided, the sole imaging study found was an MRI performed on September 27, 2010, which was read as mild chondromalacia of the patella and ACL graft, which is intact. There are no imaging studies provided in the records which indicate severe osteoarthritis. The manufacturer's indications for the use of the product state the following: "SYNVISC is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics, e.g., acetaminophen." There is no stated indication for the use of the product for chondromalacia of the patella. As such, the treatment request is not certified due to lack of submitted documentation including imaging studies revealing osteoarthritis. Therefore the request is not medically necessary.