

Case Number:	CM15-0149400		
Date Assigned:	08/12/2015	Date of Injury:	11/03/2014
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Preventive Medicine, Occupational 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:

This is a 71-year-old male with a November 3, 2014 date of injury. A progress note dated May 19, 2015 documents subjective complaints (bilateral knee pain; bilateral shoulder pain, left greater than right; neck pain; lower back pain; bilateral foot, heel, and ankle pain; bilateral elbow pain; bilateral hand pain; hearing loss), objective findings (anterior head carriage with decreased in lordosis; tenderness to palpation with muscle spasm and muscle guarding over the cervical paraspinal muscles and upper trapezius muscles bilaterally; decreased range of motion of the cervical spine; tenderness to palpation with muscle spasm and muscle guarding of the lumbar paraspinal muscles and sacroiliac joints bilaterally; sacroiliac stress test positive bilaterally; positive Kemp's test bilaterally; tenderness to palpation over the subacromial spaces acromioclavicular joints, and periscapular muscles of the bilateral shoulders; crepitus of the acromioclavicular joints bilaterally; positive impingement and cross arm tests bilaterally; decreased range of motion of the shoulders; tenderness to palpation over the lateral epicondyles and extensor and flexor muscles of the bilateral elbows; positive Cozen's and bent elbow tests bilaterally; decreased range of motion of the bilateral elbows; atrophy of the right thenar eminence; tenderness to palpation over the flexor tendons, extensor tendons; and first extensor compartments bilaterally; positive Finkelstein's test bilaterally; decreased range of motion of the bilateral wrists; tenderness to palpation over the medial joint lines, lateral joint lines, patellar and prepatellar tendons of the bilateral knees; patellofemoral crepitus is present bilaterally; decreased range of motion of the bilateral knees; tenderness to palpation over the medial joint complexes and lateral joint complexes of the bilateral ankles) and current diagnoses (cervical spine musculoligamentous sprain and strain with right upper extremity radiculitis; lumbar

spine musculoligamentous sprain and strain with bilateral sacroiliac joint sprain; bilateral knee sprain with patellofemoral arthralgia; bilateral elbow lateral epicondylitis, rule out cubital tunnel syndrome; bilateral wrist sprain and strain and de Quervain's tenosynovitis). Treatments to date have included shoulder surgery and imaging studies. The treating physician requested authorization for bilateral knee Synvisc injections and a paraffin bath with wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee Synvisc injections (5ml/48mg) x 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. It is noted that the injured worker is a candidate for a total knee replacement due to severe arthrosis, which is not an indication for the use of synvisc injections. The request for bilateral knee synvisc injections (5ml/48mg) x 3 is determined to not be medically necessary.

Paraffin bath with wax: 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) Forearm, Wrist & Hand Chapter/Paraffin Wax Bath Section.

Decision rationale: The MTUS guidelines do not address the use of paraffin wax baths; therefore, alternative guidelines were consulted. Per the ODG paraffin wax, baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. In this case, the available documentation does not provide a diagnosis of hand or wrist arthritis to support this request. The request for paraffin bath with wax is determined to not be medically necessary.