

Case Number:	CM15-0161289		
Date Assigned:	08/27/2015	Date of Injury:	05/31/2014
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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:

The applicant is a represented 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 31, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve requests for Norco and Synvisc (viscosupplementation) injection. The claims administrator referenced a July 1, 2015 progress note in its determination. The claims administrator contended that the applicant did not have issues with knee arthritis for which the Synvisc injection in question would have been indicated. The claims administrator also contended that the applicant had failed to profit from ongoing Norco usage. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of low back and right knee pain. The applicant reported issues with his knee giving way and also contended that he had difficulty with prolonged walking. The applicant was severely obese, standing 5 feet 12 inches tall and weighing 258 pounds. The applicant was not working, it was acknowledged. Tenderness about the medial and lateral joint lines was appreciated. The applicant exhibited a visibly antalgic gait. A viscosupplementation injection and Norco were endorsed while the applicant was placed off work, on total temporary disability. No seeming discussion of medication efficacy transpired. An earlier progress note of January 21, 2015 was notable for commentary that the applicant had issues with a knee effusion and right knee arthritis status post earlier failed knee arthroscopy. The applicant was described as having "significant tricompartmental arthritic change" noted during an earlier arthroscopic partial medial meniscectomy, partial lateral meniscectomy, synovectomy, and loose body removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, on total temporary disability, it was acknowledged on the July 1, 2015 progress note in question. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Synvisc injection x 1 to the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687. Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis. Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications & Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies.

Decision rationale: Conversely, the request for Synvisc (viscosupplementation) injection to the knee was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was present here. A historical progress note of January 21, 2015 suggested that the applicant had tricompartmental knee arthritis which had proven recalcitrant to earlier operative and non-operative treatment to include time, medications, physical therapy, opioid therapy, an earlier knee meniscectomy procedure, etc. Moving forward with the proposed viscosupplementation (Synvisc) injection, thus, was indicated. Therefore, the request was medically necessary.