

Case Number:	CM15-0169306		
Date Assigned:	09/10/2015	Date of Injury:	01/31/2011
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/27/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 64 year old female who sustained an industrial injury on 1-31-11. A review of the medical records indicates that she is undergoing treatment for bilateral knee pain; status-post industrial injury reported on 3-20-11, history of left knee arthroscopy x 2, bilateral knee osteoarthritis exacerbated and due to above diagnoses, and left knee patellar tendinosis due to above diagnoses. She also has a history of myocardial infarction with stent placement, diabetes, severe asthma, and hypertension. Medical records (4-21-15 to 7-28-15) indicate she has had ongoing pain in both knees. The right knee pain radiates to the lower leg and is associated with weakness. The left knee pain is associated with weakness, only. Her knee pain has affected her activities of daily living, in that she has pain while getting dressed, donning her socks and shoes, doing housework, driving, and sleeping through the night. She has noted discomfort with going up and down stairs, standing, walking, and bending. The primary treating provider's physical exam reveals bilateral knee swelling, a limping-type gait, and range of motion "5-100" (7-28-15). She has undergone MRIs on both knees. She is retired and no longer working. The request for authorization, dated 4-21-15, indicates a request for Hyalgan bilateral knee x 5 with ultrasound guidance. However, this provided little relief (5-4-15). On 5-22-15, a request for authorization for Regenexx was made, followed by an authorization request on 6-8-15 to transfer to another provider. The utilization review (8-26-15) denied the request to transfer service for viscosupplementation due to denial of a previous request. The prior request was denied based on "lack of information from the provider", namely, the type of viscosupplementation being

requested and the number of injections requested. The rationale also states that the provider indicated that he was transferring care to a different provider, who would determine the specifics of the viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transfer of care for Visco Supplementation to bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee-synvisc.

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records provided for review do not support synvisc injection congruent with ODG guidelines and therefore is not medically necessary.