MAXIMUS Federal Services

Case Number:	CM15-0191995		
Date Assigned:	10/06/2015	Date of Injury:	03/24/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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 51-year-old who has filed a claim for chronic knee, elbow, and wrist pain reportedly associated with an industrial injury of March 24, 2014. In Utilization Review report dated September 25, 2015, the claims administrator conditionally approved a request for orthotics for the left knee as orthotics for the left foot only while failing to approve a request for Synvisc injection. The claims administrator referenced an RFA form received on September 18, 2015 and progress note dated June 15, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 4, 2015, orthotics and a viscosupplementation injection were seemingly sought. On an associated handwritten note dated September 4, 2015, difficult to follow, not entirely legible. The applicant reported ongoing complains of knee pain, reportedly severe. Ancillary complaints of heel pain were reported. The note was very difficult to follow, and not altogether legible, in portions. Orthotics was endorsed while the applicant was placed off work, on total temporary disability. The stated diagnoses were sprain of the elbow, sprain of forearm, and sprain of wrist. On an office visit of August 17, 2015, viscosupplementation injection was sought. In a progress note dated July 27, 2015, Synvisc injection was again sought. Multiple progress notes suggested that the applicant significant issues with anxiety and depression superimposed on chronic pain complaints. X-rays studies were not seemingly furnished or discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee: Orthoses.

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. 638.

Decision rationale: No, the request for orthotics for the left knee was not medically necessary, medically appropriate, or indicated here. The MTUS do not address the topic of orthotics for primary knee pain and/or knee arthritis, as was seemingly present here. Multiple progress notes including a handwritten progress note September 9, 2015 suggested the applicant carried an operating diagnosis of knee osteoarthrosis. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that orthoses are "moderately not recommended" for treatment of moderate-to-severe knee pain associated with knee arthritis as was reportedly present here. The attending provider failed to furnish a clear or compelling rationale for provision of orthotics for diagnosis, namely knee arthritis, for which said orthotics are not recommended, per the Third Edition ACOEM Guidelines Knee Chapter. Therefore, the request was not medically necessary.

Synvisc #3 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hyaluronic acid injections, Brands of hyaluronic acid.

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. 687-688.

Decision rationale: Similarly, the request for a Synvisc (viscosupplementation) injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Disorders Chapter acknowledges that intraarticular viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthrosis, ACOEM qualifies its position by noting that repeat injections are generally not recommended if there are adverse effects following earlier viscosupplementation injections or if their clinical results consist of a significant reduction in or resolution of symptoms. Here, the attending provider's documentation was thinly and developed. The September 9, 2015 office visit did not clearly state how the diagnosis of knee arthritis has been arrived upon. The attending provider did not state whether the diagnosis had been established clinically and/or radiographically. The information on file, moreover, suggested that the request represented a request for repeat viscosupplementation injection therapy as earlier Synvisc injections were sought on numerous other dates of service, including on August 17, 2015, July 6, 2015, June 15, 2015, etc. The applicant's response to the earlier injections was not clearly described or characterized. Therefore, the request was not medically necessary.