

Case Number:	CM15-0200984		
Date Assigned:	11/06/2015	Date of Injury:	06/26/2012
Decision Date:	12/18/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon,
Washington Certification(s)/Specialty: Orthopedic
Surgery

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 54 year old female who sustained an industrial injury 06-26-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical, thoracic, and lumbar spine musculoligamentous sprain-strain; and left wrist sprain. Medical records (08-24-15) reveal the injured worker complains of neck, mid back, low back, left wrist-hand, and bilateral knee pain, as well as left sacroiliac joint pain. The physical exam (08-24-15) reveals tenderness to palpation in the cervical, thoracic, and lumbar spines, bilateral knees, and left wrist, as well as limited range of motion. Prior treatment includes bilateral knee surgeries and medications. The original utilization review (09-26-15) non-certified the request for 3 Synvisc injections to the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc 2ml injections to left wrist (6ml/48mg): 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 and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. In this case ODG guidelines recommend against viscosupplementation in the wrist. Hyaluronic acid injections are not recommended "for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established." Thus the proposed injections are not medically necessary.