

Case Number:	CM15-0208366		
Date Assigned:	10/27/2015	Date of Injury:	08/30/2013
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 8-30-13. The injured worker was being treated for chronic impingement of shoulder right greater than left, symptomatic osteoarthritis of knees and lumbar spondylosis. On 8-19-15, the injured worker complains of bilateral knee and shoulder pain and right leg pain; unchanged from previous visit. Physical exam performed on 8-19-15 revealed right greater than left impingement sign, right greater than left knee tenderness and ultrasound of shoulders noted intact rotator cuff. X-rays of bilateral knees performed on 7-8-14 revealed degenerative changes in both knees principally in medial compartments. MRI of left lower extremity performed on 5-22-15 revealed medial meniscal posterior horn complex tearing and maceration with full thickness defect. Treatment to date has included right shoulder surgery, oral medications including Omeprazole, Hydrocodone-acetaminophen and Tylenol; Flector patch and Dendracin lotion; right knee injection and activity modifications. Request for authorization was submitted on 9-15-15 for Synvisc injection 1 a week for 3 weeks for both knees and Zorvolex 35 mg #60. On 9-22-15 request for Synvisc injection 1 a week for 3 weeks for both knees was modified to right knee only without ultrasound guidance and request for Zorvolex 35 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection one every week for 3 weeks for both knees-ultrasound guided: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, pg 35.

Decision rationale: According to the guidelines: Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, the claimant does have chronic knee pain with symptoms and imaging findings of arthritis. However, the request for use of imaging is not routinely used nor justified for the injections. As a result, the request is not medically necessary.

Zorolex 35 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months including prior Diclofenac. There was no indication of Tylenol (without hydrocodone) failure. Long-term NSAID use has renal and GI risks. VAS scores were not routinely noted. Continued use of Zorolex is not medically necessary.

