

Case Number:	CM15-0034029		
Date Assigned:	02/27/2015	Date of Injury:	07/10/2009
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 injured worker is a 38-year-old male who sustained an industrial injury on 07/10/2009. Diagnoses include lumbago lumbosacral neuritis, and internal derangement of the knee. Treatment to date has included medications, injections, physical therapy, and surgery. A physician progress note dated 01/28/2015 documents the injured worker has constant low back pain, and there is radiation of pain into the lower extremities. Pain is rated 7 out of 10. On examination, there is palpable paravertebral muscle tenderness with spasm. Range of motion is restricted. He has constant right knee pain, and has swelling, popping and buckling. Pain is throbbing and is 5 on a scale of 1 to 10. There is tenderness in the joint line. Patellar grinding test is positive. Anterior drawer and posterior pivot shift test are negative. McMurray is negative. He has painful range of motion and crepitus. Treatment requested is for 3 Synvisc for the right knee, and Lumbosacral corset. On 02/05/2015 Utilization Review non-certified the request for 3 Synvisc for the right knee and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM). The request for lumbosacral corset has been denied and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD) Low Back Chapter, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. A Lumbosacral corset is not medically necessary.

3 Synvisc for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria that must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. 3 Synvisc for the right knee are not medically necessary.