

Case Number:	CM15-0049960		
Date Assigned:	03/23/2015	Date of Injury:	12/15/2011
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation, 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:

This 59 year old female sustained an industrial injury to the left knee and back on 12/15/11. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a PR-2 dated 1/6/15, the injured worker complained of pain to the lumbar spine with radiation to the left leg and ankle associated with weakness and pain to bilateral knees with weakness. Physical exam was remarkable for tenderness to palpation and decreased range of motion. Current diagnoses included lumbar spine sprain/strain with disc herniation, inflammatory process of left knee with degenerative changes and right knee pain secondary to compensating for left knee. The treatment plan included a Synvisc injection to the left knee, follow-up appointment and magnetic resonance imaging arthrogram left shoulder (per Qualified Medical Exam). A progress report dated March 24, 2015 recommends x-ray of the left knee and x-ray of the right knee. A progress report dated February 10, 2015 recommends repeat MRI arthrogram of the left knee prior to Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram.

Decision rationale: Regarding the request for MR arthrogram, CA MTUS does not specifically address the issue. ODG notes that they are recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Within the documentation available for review, there is no indication of symptoms/findings suggestive of a labral tear or a re-tear of the rotator cuff repair. Additionally, there is no statement identifying the suspicion of either condition or another clear rationale for the study. In light of the above issues, the currently requested MR arthrogram is not medically necessary.

PAIN MANAGEMENT FOR SYNVISIC INJECTION FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of exam or imaging findings supporting a diagnosis of osteoarthritis of the knee, and no documentation of failure of conservative management including exercise, medication, and aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc injections are not medically necessary.