

Case Number:	CM15-0053213		
Date Assigned:	03/26/2015	Date of Injury:	05/31/2012
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 51 year old male who sustained an industrial injury on 05/31/12. The diagnosis has included right knee Chondromalacia, right knee internal derangement, right knee medial meniscus tear, right knee acromioclavicular joint osteoarthritis. The MRI of the shoulder done in 2012 revealed partial thickness tear of the supraspinatus tendon and type 111 acromionion which predisposes to impingement syndrome. Treatments have included home exercise therapy, knee injection, tylenol, right knee, work restrictions. Diagnostics studies are not discussed. Current complaints include right arm swelling. In a progress note dated 01/21/15, the treating provider reports the plan of care as a MRA of the right shoulder and Synvisc injection to the right knee. The requested treatments are a MRA of the right shoulder and Synvisc injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The injured worker sustained a work related injury on 05/31/12. The medical records provided indicate the diagnosis of right knee Chondromalacia, right knee internal derangement, right knee medial meniscus tear, right knee acromioclavicular joint osteoarthritis. The MRI of the shoulder done in 2012 revealed partial thickness tear of the supraspinatus tendon and type 111 acromion which predisposes to impingement syndrome. Treatments have included home exercise therapy, knee surgery, knee injection, tylenol. The medical records provided for review do not indicate a medical necessity for Magnetic Resonance Arthrogram of the left shoulder. The records reviewed did not provide detailed documentation of the treatment the injured worker has had and when, the outcome of such treatment; the document was not detailed in the shoulder examination. Nevertheless, the records indicate the injured worker had shoulder MRI in 2012 that showed partial thickness tear of the supraspinatus tendon. The MTUS recommends, "partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings". Also, the MTUS states that Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The request is not medically necessary.

Synvisc Injection 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, Knee.

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

Decision rationale: The injured worker sustained a work related injury on 05/31/12. The medical records provided indicate the diagnosis of right knee Chondromalacia, right knee internal derangement, right knee medial meniscus tear, right knee acromioclavicular joint osteoarthritis. The MRI of the shoulder done in 2012 revealed partial thickness tear of the supraspinatus tendon and type 111 acromion which predisposes to impingement syndrome. Treatments have included home exercise therapy, knee surgery, knee injection, tylenol. The medical records provided for review do not indicate a medical necessity for Synvisc Injection for the Right Knee. Synvisc is an injection that contains hyaluronic acid. The MTUS is silent on this. The Official Disability Guidelines recommends this injection for severe knee osteoarthritis that has failed other modalities in individuals who are not candidates for surgery. This guideline states, "Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established."

