

Case Number:	CM15-0084358		
Date Assigned:	05/06/2015	Date of Injury:	03/16/2013
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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:

The injured worker is a 55 year old female with an industrial injury dated 03/16/2013 resulting in injury to bilateral shoulders and bilateral knees. Her diagnoses included impingement syndrome of left shoulder, strain - lumbar spine and chondromalacia right knee. Prior treatments included corticosteroid injections in each knee, left shoulder surgery and physical therapy for left shoulder (recently approved). She was also authorized for right shoulder arthroscopy. She presents on 03/30/2015 for follow up of bilateral shoulders and bilateral knees. She reports improvement of left shoulder from her preoperative status. She continued to have significant right shoulder pain. Examination of the left shoulder revealed active forward elevation to 140 degrees, external rotation to 70 degrees and internal rotation to lumbar 4. Incisions were well healed. Right shoulder revealed active forward elevation to 150 degrees with further passive forward elevation to 180 degrees. External rotation was to 80 degrees and internal rotation was to lumbar 5. Neer, Hawkins and Jobe's test were positive. She had a positive drop-arm test on the right side. Examination of the bilateral knees revealed tenderness over the medial and lateral patellar facets. She had minimal tenderness to palpation at the medial and lateral joint lines. Range of motion was from 0-120 degrees. Diagnostic studies included standing x-rays of bilateral knees. The interpretation is documented in this note. Treatment plan included proceeding with the right shoulder arthroscopy with rotator cuff repair, subacromial decompression and distal clavicle excision (authorized.) A series of three Synvisc injections for bilateral knees was requested along with Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 3 synvisc injection for the bilateral knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for viscosupplementation, ACOEM Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections and only comment on invasive procedures in general, stating these are not routinely recommended. The ODG state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, the requesting physician has documented subchondral sclerosis noted in standing bilateral knee x-rays, which is evidence of osteoarthritis. The patient has failed conservative treatment including physical therapy, steroid injections, topical medication, and oral medication. Thus, a trial of Synvisc as request is medically necessary and appropriate.