MAXIMUS Federal Services

Case Number:	CM15-0087416		
Date Assigned:	05/11/2015	Date of Injury:	10/27/2009
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: Emergency 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:

This 47 year old female sustained an industrial injury to the neck, back, elbows, forearms and knee on 10/27/09. Previous treatment included magnetic resonance imaging, physical therapy, Synvisc injections, home exercise and medications. In a PR-2 dated 4/1/15, documentation was difficult to decipher. The injured worker complained of ongoing left knee pain, rated 6-7 on the visual analog scale. The injured worker reported left knee popping when using stairs and when walking on uneven surfaces. Physical exam was remarkable for left knee with tenderness to palpation at the medial and lateral joint lines, moderated swelling, 4/5 motor strength and decreased range of motion. The physician noted that the injured worker's body mass index was 47. The injured worker had made unsuccessful attempts at independent weight loss. Current diagnoses included cervical spine sprain/strain, left knee sprain/strain, bilateral elbow lateral epicondylitis and bilateral knee patellofemoral arthropathy. The treatment plan included a series of three ultrasound guided Synvisc injections, a weight loss program with [redacted] and a prescription for Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 left knee synvinc injections under ultrasound guidance 6mg/48mg: 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), Knee and Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.synviscone.com/.

Decision rationale: The patient sustained an injury in October of 2009. She has ongoing left knee pain and tenderness which is not subsiding. The MTUS guidelines do not give advice with regards to the use of Synvisc. Diagnosis listed related to her knee pain include primarily patellofemoral arthropathy. The manufacturer of the product requested state that it is indicated for osteoarthritis which is poorly responsive to conservative therapy. Patellofemoral syndrome is not listed as an indication and therefore, this request is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 5, Cornerstones to Disability Prevention and Management, www.ncbi.nlm.nih.gov/pubmed/15630109.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: The patient sustained an injury in October of 2009 with persistent pain to the limbs and back. She has been diagnosed with patellofemoral syndrome with bilateral knee pain. The ACOEM guidelines do state that an emphasis on conditioning and weight loss is supported to prevent musculoskeletal injury and improve productivity and job satisfaction. There is no mention of weight loss specifically for chronic knee pain post injury in the guidelines. Even though it would be reasonable to encourage weight loss to reduce the load placed on the knees, the evidence is lacking to support a weight loss program over self directed therapy. The request is not medically necessary.