

Case Number:	CM14-0119891		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2004
Decision Date:	09/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury on 10/01/2004. The mechanism of injury involved a fall. The current diagnoses include right shoulder pain following arthroscopy in 2007, right elbow lateral epicondylitis, right knee pain with limping and arthrosis, lumbar stenosis, and sleep disorder. The injured worker was evaluated on 06/11/2014 with complaints of persistent pain in the lower back, right elbow, and right knee. Previous conservative treatment includes physical therapy, aquatic therapy, chiropractic treatment, and shockwave therapy for the upper extremity. Physical examination of the right knee revealed atrophy of the vastus medialis obliquus, tenderness about the joint line, medial and lateral joint line tenderness, positive grind maneuver, mild intra-articular swelling, 0 to 120 degree range of motion, negative laxity, and diminished strength. It is noted that the injured worker is status post corticosteroid injection with mild improvement. Treatment recommendations at that time included a right knee Synvisc injection, a prescription for Ambien 10 mg, and an x-ray of the right knee. A Request for Authorization form was then submitted on 06/11/2014 for Ambien 10 mg #30 and a Synvisc injection into the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

(3) Synvisc injections to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques are not routinely indicated. The Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. There should be documentation of pain that interferes with functional activities and a failure to adequately respond to aspiration and injection of intra-articular steroids. As per the documentation submitted, there is no documentation of severe symptomatic osteoarthritis of the knee upon physical examination. There is also no indication that this injured worker is not currently a candidate for a total knee replacement. The injured worker reported temporary relief with a corticosteroid injection. Based on the clinical information received and the above-mentioned Guidelines, the request for Three Synvisc injections to the right knee is not medically appropriate.

Zolpidem 10 mg, count 30.: 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 & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does report symptoms of insomnia and trouble sleeping. However, there is no documentation of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. As such, the request for Zolpidem 10 mg, count 30 is not medically appropriate.

One X-ray of the right knee to include three views.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and

observation. As per the documentation submitted, there is no evidence of significant findings upon physical examination that would warrant the need for x-rays at this time. The injured worker notes pain that is localized to the medial and lateral joint line without any evidence of significant red flags. Based on the clinical information received, the request for One X-ray of the right knee to include three views is not medically appropriate.