MAXIMUS Federal Services

Case Number:	CM14-0130372		
Date Assigned:	08/20/2014	Date of Injury:	06/20/2001
Decision Date:	09/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 77-year-old female who reported an injury on 06/20/2001. The mechanism of injury was not provided. On 03/03/2014, the injured worker presented with left wrist complaints. Examination of the left wrist noted numbness to the ulnar side of the bilateral, left greater than right, and tingling noted; and aching about the posterior aspect of the elbow and ulnar aspect of the forearm with numbness in the small and ring fingers. There was a negative Tinel's to the left side and a positive cubital tunnel compression test. The diagnosis is cubital tunnel syndrome and lesion of the ulnar nerve. The provider recommended a Synvisc injection, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections: Upheld

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

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

Decision rationale: The request for Synvisc Injections is not medically necessary. Official Disability Guidelines recommend hyaluronic acid injections or Synvisc injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment such as exercise, NSAID, or acetaminophen. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for a Synvisc injection. Additionally, there is lack of evidence that the injured worker had completed an initially recommended course of conservative treatment to include exercise and NSAIDs. As such, medical necessity has not been established.