

Case Number:	CM14-0150204		
Date Assigned:	09/18/2014	Date of Injury:	10/16/2013
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 10/16/2013. The mechanism of injury was not provided. The injured worker's diagnoses included possible rotator cuff tear of the right shoulder, tendinitis and impingement syndrome of the right shoulder, and acromioclavicular joint arthrosis of the right shoulder. The injured worker's past treatments included medications and physical therapy. The injured worker's diagnostic testing included an official x-ray of the right shoulder on 02/26/2014 and an official MRI of the right shoulder on 03/28/2014. The injured worker's surgical history was not provided. On the clinical note dated 07/10/2014, the injured worker complained of pain. The injured worker's objective findings were not provided. The injured worker's medications included Percocet 5/325 one to 2 tablets every 6 hours as needed. The request was for a series of 3 Synvisc injections to the right knee. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three synvisc injections 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 & Leg, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), KNEE AND LOWER LEG, SYNVISIC INJECTIONS

Decision rationale: The request for series of 3 Synvisc injections to the right knee is not medically necessary. The injured worker is diagnosed with possible rotator cuff tear, tendinitis and impingement syndrome, and acromioclavicular joint arthrosis of the right shoulder. Official Disability Guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments after at least 3 months. Hyaluronic acid injections are not recommended for any other indications, such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), patellar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. The patient is over the age of 50. However, there is a lack of documentation of significant objective functional deficits to the knee. Additionally, the documentation submitted for review contained complaints of right shoulder, as well as diagnoses pertaining to the right shoulder. Imaging studies submitted for review were based on the right shoulder; however the request was for the right knee. There is a lack of documentation of pain that interferes with functional activities and not attributed to other forms of joint disease of the right knee. There is a lack of documentation of failure to respond to conservative treatment of the right knee. As such, the request for series of 3 Synvisc injections to the right knee is not medically necessary.