MAXIMUS Federal Services

Case Number:	CM14-0160758		
Date Assigned:	10/06/2014	Date of Injury:	01/10/2011
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 1/10/11. A utilization review determination dated 9/10/14 recommends non-certification of Motrin. Synvisc was modified from bilateral knees to left knee only. It referenced a 7/30/14 medical report identifying pain in the low back 9/10 and right knee pain 6/10. Right shoulder pain is 7/10. With Motrin, pain can go down to 7/10, but other times, Motrin doesn't work well. On exam, there is pain with ROM. He limps a little bit. There is some crepitation with ROM of the right knee. X-rays of bilateral knees show DJD of medial compartment of right knee. MRI of left knee from June of 2012 showed medial meniscal fraying and tendinosis. 4/8/14 orthopedic report notes that "radiographs show normal weightbearing films despite the MRI report marginal osteophytes are present on merchant films the central tracking." Patient has failed injection, oral medication, and therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trail of Synvisc injection bilateral knees#2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment of Worker's Compensation, Knee & Lower Leg (acute and chronic)

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

Decision rationale: Regarding the request for Synvisc injection bilateral knees, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, there is no indication of severe osteoarthritis of both knees and pain that interferes with functional activities. Unfortunately, there is no provision for modification of the request to allow for injection to one knee. In light of the above issues, the currently requested Synvisc injection bilateral knees is not medically necessary.

Motrin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 51,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any significant analgesic benefits or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.