MAXIMUS Federal Services

Case Number:	CM14-0141506		
Date Assigned:	09/10/2014	Date of Injury:	04/03/2013
Decision Date:	01/05/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Interventional Spine 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:

The patient is a 57 year old female with an injury date on 04/03/2013. Based on the 07/08/2014 progress report provided by the treating physician, the diagnoses are:1. Sprain/strain, bilateral shoulders.2. Musculoligamentous sprain, lumbar spine.3. Sprain/strain, bilateral knees.4. Sprain/strain, bilateral ankle/feet.5. Tricomparmental osteoarthritic changes, probable focal osteonecrosis medial and tibial plateau, oblique tear of the posterior horn and medial meniscus extending to the inferior articular surface, oblique tear of the anterior horn and lateral meniscus lateral meniscus intrasubstance degeneration, left knee [MRI 6/10/13].6. Oblique tear of the posterior horn of the medial meniscus; tricomparmental osteoarthritis, left knee.According to this report, the patient complains of "pain and discomfort in the right shoulder and bilateral knees." Objective findings indicate tenderness at the lumbar spine and the bilateral shoulder. Decreased sensation is noted at C6-C7 and L5-S1 dermatome, bilaterally. The 07/03/2014 report indicates the patient complains of intermittent pain in the left knee, neck and low back that is moderately severe. Numbness, tingling, weakness, and edema are not noted in the left knee, neck, and low back. Cervical and lumbar range of motion is restricted. Tenderness is noted over the bilateral patella. MRI of the cervical spine on 01/15/2014 reveals "1 mm posterior disc bulge" at C4-5 and C4-5.There were no other significant findings noted on this report. The utilization review denied the request for Synvisc Injection Bilateral Knees and MRI Cervical and Lumbar Spine on 07/31/2014. The requesting physician provided treatment reports from 01/17/2014 to 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection Bilateral Knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Hyaluronic Acid or Hylan

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: According to the 07/08/2014 report, this patient presents with "pain in both knees and hands." Per this report, the current request is for Synvisc Injection Bilateral Knees. The utilization review denial letter states "There was indication that the claimant was a candidate for total knee replacement; this is an exclusion criteria for Synvisc or similar viscosupplementation injections." Regarding Synvisc injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Synvisc injection for "severe arthritis" of the knee that has not responded to other treatments. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." Review of reports does not show evidence of prior Synvisc injections. In this case, the treating physician has documented that the patient has tenderness of the knee, severe pain, pain interferes with functional activities, there is a positive MRI indicating arthritic changes, the patient has not responded to conservative treatments and there is no documentation that the patient is a candidate for total knee replacement. The information provided by the treating physician meets the criteria as set forth in the ODG guidelines. The request is medically necessary.

MRI Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back chapter- imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, MRI

Decision rationale: According to the 07/08/2014 report, this patient presents with "pain and discomfort in the right shoulder and bilateral knees." The current request is for MRI Cervical but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "there was no significantly abnormal neurological examination documented. There were no red flag signs documented. There were no treatment plans provided. History of prior MRI testing was not documented." Regarding repeat MRI's, ODG guidelines states, "not routinely recommended, and should be reserved for a

significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of reports show that the patient had an MRI of the cervical spine on 01/15/2014 with result of "1 mm posterior disc bulge" at C4-5 and C4-5. Per 07/08/2014 report, the treating physician states "We are still awaiting the results of the MRIs of the patient's cervical and lumbar spine in order to determine the appropriate treatment." In this case, the request for a repeat MRI of the cervical spine is not medial indicated. It appears that the treating physician did not request for a repeat MRI but is waiting for the result. The request is not medically necessary.