MAXIMUS Federal Services

Case Number:	CM14-0218921		
Date Assigned:	01/09/2015	Date of Injury:	05/23/2012
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 47 year old male with a date of injury as 05/23/2012. The cause of the injury occurred when the injured worker was climbing down a drill rig and sustained a sprain to the right knee as a result of landing forcefully onto his right knee; the worker also injured his right shoulder and low back. The current diagnoses include lumbar post laminectomy syndrome, lumbar radiculopathy, myositis/myalgia, and iatrogenic opioid dependency. Previous treatments include medications, TENS unit, work and activity modifications, physical therapy, CPM machine, and prior synvisc injection on 01/20/2014. Prior surgeries include arthroscopic partial medial meniscectomy, arthroscopic chondroplasty of the medial femoral condyle and lateral femoral condyle, arthroscopic chondroplasty of the patellofemoral joint right knee and arthroscopic synovectomy of the anterior, anteromedial, and laterally of the right knee, right rotator cuff reconstruction, and left L4-L5 hemilaminotomy. Report dated 12/01/2014 noted that the injured worker presented with complaints that included neck pain, pain radiating down the bilateral extremities, numbness in the bilateral lower extremities, and pain in the right shoulder, right knee, and hips. Pain level is documented as 7 out of 10 with medications. The injured worker was noted to have a decrease in activities of daily living to include self-care & hygiene, activity, ambulation, hand function, sleep and sex. Current medication regimen consists of Fentanyl patch, hydrocodone/APAP, and Naproxen. Physical examination revealed an antalgic gait utilizing a cane in order to ambulate, spasm noted at L4-L5 in the bilateral paraspinous musculature, tenderness in the spinal vertebral area, decreased range of motion in the lumbar spine due to pain, and tenderness to palpation in the right knee. The injured worker is currently

not working. The utilization review performed on 12/19/2014 non-certified a prescription for synvisc injection based on no current subjective and objective findings, and the date of the prior injection and percent of relief was included. The reviewer referenced the California MTUS/ACOEM/Official Disability Guidelines/or XXXX in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection: 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 knee and leg chapter, hyaluronic injections

Decision rationale: Per ODG, criteria for Hyaluronic acid injections: patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (eg exercise) and pharmacologic treatments or are intolerant of these therapies (eg gastrointestinal problems related to anti-inflammatory medication) after at least three months. Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement, bony tenderness, crepitus on active motion, less than thirty minutes of morning stiffness; no palpable warmth of the synovium, over fifty years of age. Pain interferes with functional activities(eg ambulation, prolonged standing) and not attributed to other forms of joint disease, fluoroscopic or ultrasound guidances; are not currently candidates for total knee replacement of who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement.(Wen 2000) Repeat series of injections: If documented significant improvement in symptoms for six months or more and symptoms recur may be reasonable to do another series. No maximum established by high quality scientific evidence, see repeat series of injections above. Hyaluronic acid injections are not recommended for any other arthritis, patellofemoral syndrome (patellar knee) pain), planter nerve entrapment syndrome, or for use in joints other that the knee (eg ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and tempomandibular joint because the effectiveness of hyaluronic acid injections for these indications has not been established. Per the cited guidelines above and from review of the clinical documentation provided, it does not appear that this intervention would be medically indicated for this patient.