

Case Number:	CM15-0110175		
Date Assigned:	06/16/2015	Date of Injury:	04/04/2011
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Emergency 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 67-year-old female patient who sustained an industrial injury on 04/04/2011. The worker was employed as a store clerk and suffered cumulative trauma and is currently not working. The patient underwent electrodiagnostic nerve conduction study on 04/23/2015. Objective findings on 04/23/2015 showed positive Tinel's and Phalen's sign in bilateral wrists. The tentative diagnosis noted rule out median and ulnar neuropathy, brachial plexopathy, and cervical radiculopathy secondary to symptoms of pain and numbness in bilateral hands/arms. Nerve testing found mild bilateral carpal tunnel syndrome, right worse with prolonged median sensory latencies across the wrist. A radiography study on 04/24/2015 revealed the left knee with no acute fracture or dislocation; mild osteoarthritis principally of the medial joint compartment which does not exclude internal derangement if clinically indicated recommend a magnetic resonance imaging. On 02/24/2015, she had a MRI of the right shoulder without contrast that showed multiple osteochondral cysts involving the superolateral humeral head cortex; partial tear of the supraspinatus tendon; subdeltoid bursitis, and acromioclavicular joint effusion. A primary treating office visit dated 01/05/2015 reported the patient last working on 12/24/2011. Treatment encountered to date included: medications, modified work duty, no work, physical therapy, acupuncture, injections, and surgical intervention. She is with present complaint of having constant hand pain described as achy, sharp, throbbing, numbing, tingling, cramping, pounding sensation. The pain is associated with weakness, numbness, giving way and locking. She is with intermittent knee pain and occasional low back pain. In addition, she complains of right shoulder pain. She is diagnosed with right shoulder impingement syndrome

and right shoulder derangement. Of note, she has not yet reached maximal medical improvement. The plan of care noted the patient as partially disabled with work restrictions to continue with current medications Flexeril, Naproxen, Ondansetron, and Pantoprazole. She should undergo a magnetic resonance imaging of right shoulder and did receive a cortisone injection to the right shoulder this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for left 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 and Leg.

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

Decision rationale: The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are: 1) Severe osteoarthritis: Fails criteria. The provider has failed to provide any imaging or any documentation consistent with severe arthritic disease. Patient only has noted pain on exam. 2) Failure to adequately respond to steroid injection: Fails criteria. Pt has never had a documented steroid injection. 3) Failure of pharmacologic and conservative therapy: Documentation fails to meet criteria. There is no noted physical therapy, home exercise or any conservative therapy of the affected knee. Patient fails multiple criteria to recommend Synvisc injection. Synvisc injection is not medically necessary.