MAXIMUS Federal Services

Case Number:	CM15-0127635		
Date Assigned:	07/14/2015	Date of Injury:	04/01/2008
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic low back, leg, neck, shoulder, and knee pain reportedly associated with an industrial injury of April 1, 2008. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for viscosupplementation injections to the left and right knee. The claims administrator referenced a May 15, 2015 progress note in its determination. The claims administrator contended that the applicant did not have knee arthritis for which the injections in question were indicated. The applicant's attorney subsequently appealed. In a July 8, 2015 progress note, the applicant was given diagnoses of lumbar degenerative disk disease, cervical radiculitis status post earlier cervical spine surgery, bilateral knee degenerative changes, elbow epicondylitis, and gastroesophageal reflux disease. Neurontin and Prilosec were endorsed. The applicant was placed off of work, it was reported. On June 10, 2015, the applicant was, once again, placed off of work, on total temporary disability. The applicant was asked to continue Neurontin, Zanaflex, Norco, and Prilosec, it was reported. On May 15, 2015, the applicant's orthopedic knee surgeon suggested knee viscosupplementation therapy status post an earlier right knee arthroscopy procedure. The attending provider stated that the applicant had "documented chondromalacia" at each knee. The attending provider stated that various activities of daily living, including sitting and standing, remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687 Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee OsteoarthrosisIntra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthrosis. Indications & Knee pain from osteoarthrosis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies.

Decision rationale: Yes, the request for a Synvisc (viscosupplementation) injection to the right knee was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of Synvisc (viscosupplementation) injections. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are recommended in the treatment of knee osteoarthrosis, which is unsatisfactorily controlled with NSAIDs, Tylenol, weight loss strategies, and/or exercise. Here, the applicant's knee surgeon reported on May 15, 2015 that the applicant had degenerative changes about the knee, including degenerative chondromalacia appreciated during a knee arthroscopy approximately one year prior. The applicant's pain management physician also reported on June 10, 2015 and July 8, 2015 that the applicant carried diagnoses of bilateral knee degenerative joint disease. Earlier operative and non-operative treatments, including time, medications, physical therapy, opioid therapy, etc., had proven unsuccessful or incompletely successful, it was suggested above. Moving forward with the Synvisc (viscosupplementation) injection was, thus, indicated. Therefore, the request was medically necessary.

Synvisc one injection on left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee OsteoarthrosisIntra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthrosis. Indications & Knee pain from osteoarthrosis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies.

Decision rationale: Similarly, the request for a left knee Synvisc (viscosupplementation) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that

viscosupplementation (AKA Synvisc) injections are recommended in the treatment of knee pain from osteoarthrosis which is unsatisfactorily controlled with NSAIDs, Tylenol, weight loss, or exercise strategies. Here, the applicant did have longstanding, ongoing knee pain complaints, it was reported by the applicant's knee surgeon on May 15, 2015. Activities of daily living as basic as standing and sitting were problematic, it was reported. Both of the applicant's treating providers did suggest that the applicant had issues with knee chondromalacia and/or knee degenerative changes present. Moving forward with the proposed viscosupplementation (Synvisc) injection was, thus, indicated. Therefore, the request was medically necessary.