MAXIMUS Federal Services

Case Number:	CM15-0063345		
Date Assigned:	04/09/2015	Date of Injury:	07/16/2010
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York, Tennessee
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 55 year old male who sustained an industrial injury on 7/16/10. The mechanism of injury is unclear. He currently complains of continued severe pain in the cervical and lumbar spines and both knees and headaches. He is falling and hurting himself daily. He uses back brace and cane for support. Medications are Aspirin, Oxycontin, Phenytonin, Prozac and Provigil. He experiences sleep difficulties. Diagnoses include left knee traumatic arthritis with tearing; status post left knee total arhtroplasty (6/10/11); status post right knee arthroplasty (1/13/11); cervical spinal fusion with spinal cord compression; lumbar radiculopathy; status post L5-S1 fusion (1996); lumbar spine post-laminectomy syndrome with bilateral lower extremity radiculopathy. Treatments to date include several lumbar epidural steroid injection with relief; physical therapy. Diagnostics include MRI (3/28/12, 1/10/13) cervical spine abnormal findings; computed tomography of the cervical spine (3/5/13 with abnormal findings; computed tomography of the lumbar spine (3/5/13) abnormal findings; sodium fluoride-18 whole body scan with computed tomography scan (3/12/13) abnormal findings; electromyography of upper and lower extremities (10/23/12, 8/22/11) abnormal findings; In the progress note dated 3/19/15 the treating provider's plan of care includes requests for Synvisc injection right knee X3; throrocolumbar rigid back brace; orthopedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection x3 for the right 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 (ODG-TWC), hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Hyaluronic Acid Injections.

Decision rationale: Synvisc is the viscosupplement hyaluronic acid. It is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria include severe osteoarthritis and interference of functional activities due to pain. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. In this case the diagnosis of severe right knee osteoarthritis is not supported by the documentation in the medical record. Medical necessity has not been established. The request should not be authorized.

Orthopedic bed purchase for lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Hospital Beds (280.7).

Decision rationale: Per Medicare, hospital beds are covered for the following indications: Severe arthritis and other injuries to lower extremities; e.g., fractured hip. The condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his or her feet on the floor while sitting on the edge of the bed; Severe cardiac conditions. For those cardiac patients who are able to leave bed, but who must avoid the strain of "jumping" up or down; Spinal cord injuries, including quadriplegic and paraplegic patients, multiple limb amputee and stroke patients. For those patients who are able to transfer from bed to a wheelchair, with or without help; or Other severely debilitating diseases and conditions, if the variable height feature is required to assist the patient to ambulate. In this case there is no documentation that the patient needs variable height, has severe cardiac conditions, or has spinal cord injuries. The request is not medically necessary.

Thoracolumbar rigid brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Thoracolumbar brace is a lumbar support. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. The thoracolumbar device is not recommended. The request is not medically necessary.