

Case Number:	CM15-0068890		
Date Assigned:	04/16/2015	Date of Injury:	03/23/2010
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial injury on March 23, 2010. The injured worker was diagnosed as having history of industrial injury to the bilateral knees, lumbar spine, thoracic spine, cervical spine, and bilateral shoulders, status post right knee diagnostic and operative arthroscopy in 2010 with subsequent viscosupplementation injections, status post left knee diagnostic and operative arthroscopy on April 29, 2013, status post left shoulder diagnostic and operative arthroscopy on August 24, 2013, status post Kenalog injections to the right knee on May 9, 2013, status post Synvisc One viscosupplementation to the left knee on October 25, 2014, and right knee MRI studies on April 29, 2013 confirming avascular necrosis, osteoarthritis and a labral tear. Treatment to date has included left shoulder arthroscopy 2012, bilateral knee surgeries, viscosupplementation injections, physical therapy and medications. Currently, the injured worker complains of pain and stiffness with deficits in range of motion (ROM) of the right shoulder, pain and stiffness at end of the range of motion (ROM) in the left shoulder, and bilateral knees stiffness, pain and swelling. The Treating Physician's report dated March 5, 2015, noted the bilateral knees with tenderness to palpation along the medial joint lines, positive patellofemoral crepitation and positive grind. Physical examination of the right hip was noted to show positive FABER's testing with painful range of motion (ROM) and tenderness to palpation along the groin area. The left shoulder was noted to have stiffness and pain at the ends of range of motion (ROM), with tenderness to palpation of the subacromial bursal space as well as the biceps tendon within the bicipital groove. The right shoulder was noted to have abduction inducing pain with stiffness at the ends of range of motion (ROM) and

mildly positive Neer and Hawkins impingement signs. Physical examination of the cervical, thoracic, and lumbar spine was noted to show paraspinal muscle tenderness as well as painful range of motion (ROM). The Physician noted that regarding the injured worker's bilateral knees, he was recommending bilateral Synvisc One viscosupplementation. The last Synvisc injections was completed on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injections for 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, Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, Chronic Pain Treatment Guidelines Pain Chapter Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records show that the patient had completed surgeries, medications management and PT treatments. The radiological tests reported findings consistent with the diagnosis of end stage severe osteoarthritis of the knees. There was positive response with pain relief and functional restoration following previous Synvisc injections. The guidelines criteria for viscosupplementation injections include the treatment of severe knee osteoarthritis to delay or avoid more invasive surgical treatment. The criteria for Synvisc injections of bilateral knees was met. Therefore, the requested treatment is medically necessary.