

Case Number:	CM15-0094829		
Date Assigned:	05/20/2015	Date of Injury:	08/01/1993
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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, Indiana, Oregon

Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male, who sustained an industrial injury on August 1, 1993. He reported feeling his ankle pop out and then back in. The injured worker was diagnosed as having cervical degenerative disc disease with facet arthropathy and bilateral upper extremities radiculopathy, thoracic spine sprain/strain syndrome with spondylolisthesis at thoracic 9-10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement - right greater than left, left ankle traumatic arthritis, and reactionary depression/anxiety. Diagnostic studies to date have included MRIs of the right knee and x-rays. Treatment to date has included viscosupplementation injections, right knee steroid injections, aquatic therapy, lumbar and cervical epidural steroid injections, a home exercise program, and medications including pain, muscle relaxant, anti-anxiety, antidepressant, and non-steroidal anti-inflammatory. On August 29, 2014, the injured worker complains of neck pain with radicular symptoms to the bilateral upper extremities, lower back pain, and increased left ankle pain. The physical exam revealed a stiff and antalgic gait favoring the left lower extremity, use of a cane in the right hand, tenderness of the posterior cervical musculature bilaterally with decreased range of motion, and significant muscle rigidity along the cervical musculature, upper trapezius, and medial scapular regions. There was decreased sensation of the bilateral lateral arm and forearm, diffuse bilateral thenar and hypothenar muscle atrophy, and decreased sensation in the ulnar nerve distribution from the wrist proximal and distal. There was tenderness and increased muscle rigidity along the bilateral lumbar musculature, decreased range of motion, and decreased sensation along the bilateral lumbar 5 distribution. There was medial and lateral joint line tenderness of the right knee with mild crepitus with range of motion. There was left ankle

swelling, a clean and well-healed surgical scar on the lateral ankle, tenderness to palpation throughout, decreased range of motion, slight hypersensitivity throughout the foot, and a reddish color of the ankle. The requested treatment is a Synvisc injection for the left knee.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Knee & Leg, 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 (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no radiographic documentation of severe osteoarthritis in the exam note from 3/13/15 the criteria of the guidelines are not met and the request is not medically necessary.