

<b>Case Number:</b>	CM14-0151206		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year old female with date of injury 12/20/12. The treating physician report dated 9/5/14 indicates that the patient presents with right knee contrast pain with stiffness and limited range of motion, severe lower back pain that radiates down both legs to feet, difficulty sleeping, stress, frustration and depression. The physical examination findings reveal lumbar paravertebral tenderness, limited ROM, right knee tenderness with crepitus and decreased ROM. X-ray of the right knee shows mild narrowing of the medial joint. Lumbar MRI dated 2/19/14 shows retrolisthesis 2mm at L5/S1, DDD with moderate IVF stenosis of the right S1 nerve root. The current diagnoses are: 1.Lumbar spine strain2.Right knee strain3.Insomnia4. Anxiety and acid reflux.The utilization review report dated9/16/14 denied the request for right knee Synvisc injection x3 and a weight loss program based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Knee Synvisc Injections X3: 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 Procedure Summary Updated 08/25/2014 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 chapter; Synvisc injections

**Decision rationale:** The MTUS guidelines do not address Synvisc injections. The ODG guidelines recommend hyaluronic acid injections for patients with significantly symptomatic severe osteoarthritis of the knee with several criteria that must be met. In this case the treating physician has documented mild joint narrowing, whereas ODG requires "severe arthritis." The patient's severity of knee pain is not documented, no history of conservative treatments or response to aspiration and steroid injection and no documentation of functional deficits related to the right knee. The ODG criteria for Synvisc injections are very specific and the treater has not documented the required criteria for support of this request. Therefore, Right Knee Synvisc Injections X3 is not medically necessary.

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Weight loss program: ([http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html))

**Decision rationale:** The patient presents with chronic right knee pain and stiffness and severe lower back pain with bilateral lower extremity radiation of pain. The current request is for a weight loss program. The treating physician report dated 9/5/14 states, "Requesting authorization for Weight Loss Program. Patient has gained weight due to her limited mobility from injury." There is no clinical information provided that indicates a diagnosis of obesity. There is no documentation of the patient's current weight, changes in weight following her date of injury and no clinical information regarding any attempts to lose weight with diet or exercise. The MTUS and ODG guidelines do not address weight loss programs. The AETNA guidelines do show some support for clinical supervision of weight reduction programs for patients who are obese with BMI greater than 30. In this case there is no diagnosis of obesity and no BMI has been documented. The request does not indicate whether or not this is a medically supervised weight loss program, or what the program entails. Therefore, Weight Loss Program is not medically necessary.