

Case Number:	CM14-0123528		
Date Assigned:	08/08/2014	Date of Injury:	05/06/2003
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 injured worker is a 57-year-old who reported an injury on May 6, 2003 caused by an industrial injury. The injured worker sustained injuries to the neck, back, right shoulder and right knee. The injured worker's treatment history included physical therapy, MRI studies, x-rays and medications. The injured worker was evaluated on June 3, 2014 and it was documented that the injured worker complained of shoulder pain, bilateral knee pain and back pain. The provider noted the intensity of the shoulder pain was 8/10, knee pain was 6/10 and neck and back pain was 5/10. He indicated that he had relief with his medication which was able to drop the pain approximately 40%. Objective findings revealed crepitus, popping with flexion and extension, McMurray's test with popping, no locking, Drawer test, decreased right shoulder range of motion and forward flexion, a positive Hawkins's maneuver and pain from the deltoid down to the elbow when flexing the biceps. The provider noted the injured worker had previous Synvisc injection to the knees with improvement for a few months, however outcome measurements were not provided. Medications included Norco 10/325 mg, Zanaflex and Prilosec. Diagnoses included cervicalgia. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection to to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Knee & Leg (Acute & Chronic).

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

Decision rationale: The Official Disability Guidelines (ODG) recommend Synvisc as a possible option for severe osteoarthritis for injured workers 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. 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. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of the hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. There was lack outcome measurements of previous conservative care measures. In addition, that injured worker had received cortisone injections in the past with temporary relief, however the provider failed to indicate longevity and functional improvement for the injured worker. Given the above, the request for synvisc injection to the left knee is not medically necessary or appropriate.

Synvisc Injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Knee & Leg (Acute & Chronic).

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

Decision rationale: The Official Disability Guidelines (ODG) recommend Synvisc as a possible option for severe osteoarthritis for injured workers 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. 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. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of the hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. There was lack outcome measurements of previous conservative care measures. In addition, that injured worker had received cortisone injections in the past with temporary relief, however the provider failed to indicate longevity and functional improvement for the injured worker. Given the above, the request for synvisc injection to the right knee injections is not medically necessary or appropriate.