

Case Number:	CM14-0134859		
Date Assigned:	08/27/2014	Date of Injury:	03/20/2009
Decision Date:	10/03/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/21/2014

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, Pain Medicine, 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 49 year old female with a reported date of injury on 03/20/2009. The mechanism of injury was a trip and fall. The injured worker's diagnoses included left knee pain, lumbar post-laminectomy syndrome, long-term use medications, therapeutic drug monitoring, fibromyalgia, and depression. The injured worker's previous treatments included medication, physical therapy, knee brace, chiropractic care, epidural injections, a functional restoration program, home exercise program, gym membership and previous hyalogen injections which were documented to have relieved her pain. The injured worker's previous diagnostic testing included a left knee MRI on 01/06/2014 which revealed a small joint effusion and no evidence of internal derangement, x-rays of the right hip and lumbar spine, and EMG/NCV. The injured worker's surgical history included an anterior/posterior lumbar fusion at L4-5, a left knee arthroscopy in 1987 was reported. The injured worker was evaluated on 08/28/2014 and reported low back, bilateral knee, hip and left hand pain. The clinician observed and reported an antalgic gait, normal muscle tone, and no edema or tenderness to palpation in any extremity. The injured worker's lower leg strength was slightly diminished at 4/5 with lower leg extension and flexion and joint line tenderness to the otherwise normal left knee. The injured worker's medications included Mirtazapine 15 mg once daily at bedtime, Fentanyl 25 mcg/hr transdermal patch, Morphine ER 30 mg three times per day, Ambien 5 mg once daily at bedtime, Tramadol 50 mg, twice per day as needed pain, Baclofen 20 mg once daily at bedtime as needed spasms, Naproxen 500 mg twice per day as needed pain, Norco 10/325 four times per day, and Cymbalta 60 mg once daily. The request was for Synvisc injection (left knee). No rationale was provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection (left Knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Knee & Leg (1/21/10); Hyalgan 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 & leg, Hyaluronic acid injections.

Decision rationale: The request for Synvisc injection (left knee) is not medically necessary. The injured worker complained of left knee pain and reported that a previous hyalogen injection had decreased her knee pain. The Official Disabilities Guidelines recommend Hyaluronic acid injections as a possible option for arthritis, if criteria are met. The guidelines note patients must have documented symptomatic severe osteoarthritis of the knee. Indications of symptomatic severe osteoarthritis may include bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of synovium, in patients over 50 years of age. Patients may also have pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. If documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. There is a lack of documentation indicating the injured worker has a diagnosis of arthritis. The injured worker had reported previous Hyaluronic injections; however, there is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior injections, as well as the duration of relief. There is a lack of documentation indicating the injured worker has significant physical examination findings indicative of symptomatic severe osteoarthritis. Therefore, the request for Synvisc injection (left knee) is not medically necessary.