

Case Number:	CM14-0135256		
Date Assigned:	08/29/2014	Date of Injury:	06/06/2013
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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:

This is a patient with a date of injury of June 6, 2013. A utilization review determination dated August 13, 2014 recommend noncertification of Synvisc injection series of 3 to the right knee under ultrasound guidance. Noncertification was recommended due to lack of documentation that the patient has failed a steroid injection for the knee and no documentation that the patient was pending a possible total knee arthroplasty for osteoarthritis or chondromalacia. A progress report dated August 5, 2014 identifies subjective complaints indicating that she is still in discomfort and wants to try Synvisc injections. Objective examination findings reveal mild tenderness with mild antalgic gait in the right knee. The diagnosis is osteoarthritis of the right knee with history of previous arthroscopy. The treatment plan recommends a series of 3 Synvisc injections with ultrasound guidance. A progress note dated July 22, 2014 indicates that the patient needs to consider knee replacement surgery. A progress note dated May 15, 2014 indicates that the patient underwent physical therapy following knee arthroscopy in 2013. She uses ibuprofen which helps 100%. The note reviews an MRI performed on June 17, 2013 which shows a medial meniscus tear and chondral thinning of the medial patellar facet. There is also review of an x-ray demonstrating no significant arthritis. The future medical treatment recommends a future physical therapy and intra-articular steroid injection and/or intra-articular Visco supplementation series. A progress note dated January 21, 2014 indicates that a right knee x-ray shows "progression of arthritis of her knee." The x-ray reportedly demonstrates narrowing of the medial compartment and medial cartilage interval of 2 mm with some small spurs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection series of 3 to the right knee under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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, Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc x 3 with ultrasound, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no indication why ultrasound guidance would be required for this particular patient. Additionally, there is conflicting documentation of imaging findings supporting a diagnosis of osteoarthritis of the knee. Finally, there is no documentation that the patient has failed injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc injection x 3 with ultrasound is not medically necessary.