

Case Number:	CM14-0138505		
Date Assigned:	09/05/2014	Date of Injury:	12/23/2009
Decision Date:	10/02/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/27/2014

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:

This patient is a 63-year-old male with date of injury of 12/23/2009. The listed diagnoses per [REDACTED] are: 1.Bilateral knee pain.2.Advanced osteoarthritis of the knees.3.Status post right knee surgery, 2010.4.Status post left knee surgery, 1987. According to progress report 07/24/2014, the patient presents with bilateral knee pain. It was noted the patient received a Synvisc injection to the right knee on 04/17/2014 and to the left knee on 04/24/2014. Patient reported decrease in pain with injections. Examination of the knees revealed bilateral range of motion at 0 to 130 degrees. There was bilateral positive patellofemoral crepitation and grind. The providing physician states the patient has "patellofemoral maltracking in the right knee and large bony changes in the medial femorotibial compartment of the left knee." This is a request for 1 Synvisc injection for the bilateral knee. Utilization review denied the request on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Synvisc Injection for the Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedures, Criteria for 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) ODG-TWC guideline has the following regarding hyaluronic acid injections: (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>)

Decision rationale: This patient presents with continued bilateral knee pain. The providing physician is requesting 1 Synvisc injection for the bilateral knee. Utilization review denied the request stating there is "very limited documentation of significant improvement in systems from the last injection resulting in functional gains." The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, return to ODG for further discussion. ODG recommends "Hyaluronic acid injection as a possible option for severe osteoarthritis who have not responded adequately to recommend a conservative treatments including exercise, nonsteroidal anti-inflammatory drugs (NSAIDs), or acetaminophen to potentially delay total knee replacements or who have failed the previous knee surgery for arthritis, but in recent quality studies, the magnitude of improvement appears modest." The medical file does not include x-rays or magnetic resonance imaging (MRIs) of the knee. The providing physician does report crepitus/grinding with ROM and large bony changes in the medial femorotibial compartment, but prior injections did not provide significant reduction of symptoms. ODG guidelines do not recommend repeating the injection unless there has been a significant reduction of symptoms lasting more than 6 months. The providing physician is requesting repeat injections after only two months from prior injection. The request for One Synvisc Injection for the Bilateral Knees is not medically necessary.