

Case Number:	CM14-0151276		
Date Assigned:	09/19/2014	Date of Injury:	12/08/2010
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	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 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 72-year-old female with a date of injury of 12/08/10. Mechanism of injury is not disclosed in the submitted medical records. The patient does have a clear history of severe osteoarthritis affecting the left knee per symptoms, exam findings and diagnostic imaging. The patient has done well with prior Synvisc injections. The first series was in 2011, a repeat series in 2012, and then a recent series may also been done in late 2013. Results have lasted for about 1 year after each series, with the ability to use "minimal" medications following the series. The patient is noted to have increasing knee pain, and a repeat series is recommended with ultrasound guidance. This was submitted to Utilization Review, and the UR advisor did think that the repeat series was appropriate, but did not think that ultrasound guidance was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three synvisc injections intra-articular to the left knee under ultrasound guidance: 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 & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyalgan and Hyaluronic acid injections; Ultrasound, diagnostic

Decision rationale: ACOEM Guidelines and the CA MTUS are silent on viscosupplementation, therefore, consider ODG, which states that 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). Documentation must reflect significantly symptomatic osteoarthritis that has not responded to conservative non-pharmacologic and pharmacologic therapies. ACR criteria to establish symptomatic and severe osteoarthritis include at least 5 of the following: 1) Bony enlargement; 2) Bony tenderness; 3) Crepitus; 4) ESR < 40 mm/hr; 5) Less than 30 minutes of morning stiffness, 6) No palpable warmth of synovium; 7) Over 50 years old; 8) Rheumatoid factor less than 1:40, and 9) Synovial fluid signs. Other criteria include pain affecting functional activity, failure to respond to aspiration/injection, performed without fluoroscopy or ultrasound, not candidates for TKR, failed prior knee surgery. With regards to ultrasound guidance, ODG states that conventional anatomic guidance by an experienced clinician is generally adequate, and would not be considered except in failure of an initial attempt, size of knee/morbid obesity, or draining of a Baker's cyst. In this case, I would agree with the requesting doctor and the UR advisor, and state that a repeat series of Synvisc injections is justified. I would disagree with the requesting provider, and agree with the UR advisor with regards to ultrasound guidance. There is no indication that this is needed or meets guideline criteria to establish medical necessity. I recommend that this request be submitted without request for ultrasound guidance, or resubmitted with clear documentation of why ultrasound guidance is required. Medical necessity of a series of three Synvisc injections to the left knee under ultrasound guidance is not established.