

Case Number:	CM14-0171697		
Date Assigned:	10/23/2014	Date of Injury:	12/07/2012
Decision Date:	12/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 70 year old male reportedly sustained a work related injury on December 7, 2012 due to a fall hitting his knees on concrete. Diagnoses include hypertension, diabetes and bilateral osteoarthritis and degenerative joint disease (DJD) of knees. X-ray of bilateral knees dated June 18, 2014 revealed bilateral degenerative changes with calcifications and mild to moderate spurring of right knee. Physician visit dated June 18, 2014 documented pain 8/10 in bilateral knees with no edema, weakness or numbness. Progress report dated August 14, 2014 provides the injured worker's pain to be non-radicular and 5/10. Physical exam noted bilateral tenderness and normal range of motion. There is mention of prior physical therapy with unspecified improvement and an order for further physical therapy 2 x 4 is requested. There is reference to magnetic resonance imaging (MRI) of right knee showing tricompartmental degenerative arthritis and insignificant meniscus tear. Physician progress note dated August 28, 2014 noted a mild decrease in motion bilaterally in knees with diffuse tenderness. The injured worker is still having knee pain that worsens with activity. The physician states failed conservative treatment and continued physical therapy would be very helpful. No other description of treatments is provided. On September 16, 2014 Utilization Review found request dated August 28, 2014 for Synvisc injection to bilateral knees uncertified. Application is dated October 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to 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), Treatment Index, Knee and Leg, 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) Knee Complaints, Hyaluronic Acid Injections.

Decision rationale: Synvisc injection bilateral knees are not medically necessary. The ODG states "Hyaluronic Acid injections are recommended as an option for osteoarthritis. 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. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records do not document that the enrollee has not adequately responded or has a contraindication to standard pharmacological treatments including anti-inflammatories; therefore the request is not medically necessary.