

Case Number:	CM14-0181905		
Date Assigned:	11/06/2014	Date of Injury:	08/26/2006
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 North Carolina. 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 69-year-old female who reported an injury on 08/26/2006. The mechanism of injury was not submitted for this review. The injured worker was evaluated on 09/29/2014 and it was documented that the injured worker complained of knee pain. The injured worker stated the effect of all injections to both knees had worn off and then she was having pain and swelling in both knees, and crepitation with deep knee bending or stair climbing. The pain woke her up at night when she turned in bed. The injured worker received a Synvisc 1 injection on 03/24/2014 to both knees and a Celestone injection on 06/23/2014 to the left knee. On examination of the knees, the injured worker revealed mild effusion in both knees, but there was swelling on the left knee more than the right. Range of motion in the knee was 0 to 110 degrees on the right and 0 to 105 degrees on the left. Both knees were stable. There was generalized tenderness along the medical compartment and patellofemoral compartment. The treatment recommendation for the left knee to have knee replacement but the injured worker was not keen on surgery at that time. She requested 1 more knee injection. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee Supartz injection x 4 each knee, quantity 8: 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, 11th Edition (web), 2014, Knee and Leg

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 (Acute & Chronic), Hyaluronic Acid Injections.

Decision rationale: The requested is not medically necessary. Per the Official Disability Guidelines (ODG), Synvisc injection is only recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. 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). The 09/29/2014 clinical note indicated the injured worker had received a Synvisc injection in both knees on 03/24/2014. The provider noted the injured worker has arthritis of both knees and that she has had injections in 2008 and 2010 to both knees. The injured worker reported the effect of the injections had worn off in both knees, and she continued to have pain. The guidelines support a repeat series of injections if there was documented significant improvement in symptoms for 6 months or more. The records indicated the injured worker did not receive greater than 6 months of documented significant improvement following the previous injections. Based on this information, the request for bilateral knee Supartz injection times 4 each knee, quantity 8, is not medically necessary.