MAXIMUS Federal Services

Case Number:	CM14-0021143		
Date Assigned:	06/11/2014	Date of Injury:	10/13/2008
Decision Date:	08/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/05/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old female with a reported date of injury on 10/13/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses are noted to include lumbar myoligamentous injury with associated facet arthropathy, lumbar facet syndrome, bilateral lower extremity radiculopathy, bilateral knee internal derangement, status post arthroscopic surgery to the right knee, status post arthroscopic surgery to the left knee. Her prior treatments were noted to include physical therapy, course of injections, the surgery and medications. The progress note dated 12/13/2013 revealed the injured worker received a Synvisc injection to the right knee on 06/17/2013 and reported 5 months of excellent benefit greater than 50% with the ability to increase her activity and bear weight longer. The injured worker revealed she would like to avoid a total arthroplasty surgery. The injured worker complained of right and left knee pain. The physical examination of the bilateral knees revealed tenderness to palpation bilaterally along the medial lateral joint line with mild soft tissue swelling and crepitus noted with gentle range of motion, right greater than left. A left knee MRI performed 05/13/2013 revealed a tear involving the medial meniscus and osteoarthritic changes of the distal femur and proximal tibia. The request for authorization form dated 12/13/2013 was for a Synvisc injection to the right knee due to increasing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC-INJECTION TO THE RIGHT KNEE X1: 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 AND LEG (UPDATED 1/20/14)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), Knee and Leg, Hyaluronic acid injections.

Decision rationale: The request for Synvisc injection to the right knee times 1 is not medically necessary. The injured worker received a previous Synvisc injection with 50% pain relief for 5 months. The ODG recommend hyaluronic acid injections as a possible option for severe osteoarthritis in 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 dessicans, or patellofemoral syndrome. The guidelines criteria for hyaluronic acid injections are patients experience significant symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months. The documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. The guidelines criteria also includes pain interfering with functional activities and not attributed to other forms of joint disease, failure to adequately respond to aspiration and injection of intra-articular steroids, and generally performed without fluoroscopy or ultrasound guidance. The guidelines also state the injured workers also are not currently candidates for total knee replacement who have failed previous knee surgery for their arthritis, unless younger patients want to delay total knee replacement. Repeat series of injections if there is documented significant improvement with symptoms for 6 months or more and symptoms recur, it may be reasonable to do another series. There is a lack of documentation including a recent, complete and adequate assessment of the right knee to indicate symptoms of severe osteoarthritis. Therefore, due to a lack of recent assessment of the right knee, a Synvisc injection is not warranted at this time. As such, the request is not medically necessary.