

Case Number:	CM14-0023682		
Date Assigned:	06/11/2014	Date of Injury:	10/24/2012
Decision Date:	08/12/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 male who reported an injury on 10/24/2012 due to an unknown mechanism. The injured worker had complaints of bilateral shoulder pain, left side greater than the right, with loss of motion. The injured worker also had complaints of ongoing knee pain. He stated the left knee pain was greater than the right knee pain and rated it at 8/10 to 9/10 on the VAS pain scale. The injured worker had arthroscopic surgery of the right knee on 03/14/2012. The injured worker had a bilateral ultrasound of the knees on 12/28/2013 that revealed, on the right knee, findings were consistent with prior surgical intervention (meniscectomy). The left knee revealed mild medial meniscus mucoid and myxoid degeneration/grade I to grade II signal/balance of the exam normal. The physical examination dated 05/21/2014 of the left knee revealed a well-healed surgical scar. Tenderness to palpation was present over the medial and lateral joint lines. There was no laxity. Crepitus was present. Diagnoses for the injured worker were status post left knee arthroscopy; right knee sprain; contusion with diagnostic ultrasound study of the bilateral knees revealing grade I to grade II mild mucoid/myxoid degeneration of the left knee, no re-tear, and postoperative changes. The injured worker's medications were not reported in the examination dated 05/21/2014. In the progress note dated 04/09/2014, medications were listed as Voltaren XR 1 tablet daily and cyclobenzaprine 7.5 mg 1 tablet twice a day. The treatment plan for the injured worker was for ultrasound-guided injection (subacromial) to the left shoulder and left knee Synvisc injection, extracorporeal shockwave therapy directly to the bilateral elbows, TENS unit, and psychiatric consultation with regard to the injured worker's stress, depression, and anxiety. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SERIES OF 3 LEFT KNEE SYNVISIC INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections.

Decision rationale: The request for 1 series of 3 left knee Synvisc injections is not medically necessary. Values for range of motion of the left knee were not reported. Medications tried and failed were not reported. The Official Disability Guidelines states hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercises, 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). There should be 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; over 50 years of age. The injured worker did not have imaging studies which revealed the presence of severe osteoarthritis. The clinical information provided failed to detail the functional limitations the injured worker had to meet guideline criteria for the requested injections. The medical necessity for Synvisc injections for the left knee was not reported. Therefore, the request is not medically necessary.