

Case Number:	CM14-0030058		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2009
Decision Date:	09/22/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Medicine 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 50-year-old male who sustained a remote industrial injury on 05/27/09 diagnosed with lumbar radiculopathy, left knee pain, chronic pain, and status post bilateral knee surgery. Mechanism of injury is not specified in the documents provided. The request for Synvisc-One viscosupplementation injections 48 mg (6 ml) to bilateral knees was non-certified at utilization review due to the lack of documentation of reduced medications following the prior injections and the lack of documentation concerning the ability to currently manage chronic knee symptoms with conservative measures. The most recent progress note provided is 12/30/13. Patient complains primarily of low back pain that radiates to the right lower extremities. The pain is rated as a 5/10 with medications and an 8/10 without medications. Physical exam findings reveal tenderness upon palpation in the spinal vertebral area at that L4-5 level; decreased range of motion of the lumbar spine due to pain; and positive straight leg raise in the right lower extremity. Current medications are not listed. It is noted that the patient has previously received Synvisc-One injections to his right knee multiple times with good relief of symptoms with the most recent injection performed on 07/18/13 to the left knee with good relief. On 12/19/13, the treating physician recommends Synvisc-One injections to bilateral knees, as the patient continues to complain of stiffness, achiness, and pain with prolonged weight-bearing activities. Provided documents include several previous progress reports. The Patient's previous treatments include Synvisc injections, ice, medications, transforaminal epidural steroid injections, and bilateral knee arthroscopies. Imaging reports are not provided but MRI's of the bilateral knees, performed on 09/07/10, are referenced as revealing horizontal tears of the superior surface of the posterior horn of the medial meniscus, evidence consistent with degenerative changes, and moderate tendinosis of the central aspect of the patellar tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Viscosupplementation injection 48 mg (6 ml) to right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Hyaluronic acid injections.

Decision rationale: According to ODG on Hyaluronic acid injections, a repeat series of injections is recommended with "documented significant improvement in symptoms for 6 months or more." In this case, provided documentation highlights the patient has received multiple injections for the right knee with good relief. However, the date of the previous injection for the right knee is not specified so an improvement in symptoms is not quantified as lasting for 6 months. Further, there is no documentation of functional improvement or medication reduction with the previous injections. Due to this lack of documentation, the medical necessity of a repeat injection is not supported.

Synvisc One Viscosupplementation injection 48 mg (6 ml) to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Hyaluronic acid injections.

Decision rationale: According to ODG on Hyaluronic acid injections, a repeat series of injections is recommended with "documented significant improvement in symptoms for 6 months or more." In this case, provided documentation highlights the patient has received an injection for the left knee on 07/18/13 reporting good relief as a result. However, this relief is not quantified by specifying how long the relief was obtained. Further, there is no documentation of functional improvement or medication reduction with this previous injection. Due to this lack of documentation, the medical necessity of a repeat injection is not supported.