MAXIMUS Federal Services

Case Number:	CM14-0033939		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2008
Decision Date:	07/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 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:

According to the records made available for review, this is a 62-year-old male with an 8/22/08 date of injury. At the time (2/3/14) of request for authorization for left knee Synvisc one (1) injection 6 ml, there is documentation of subjective (progressively worsening symptoms, stiffness, achiness and pain, and difficulty with bending and squatting and prolonged weight-bearing activities) and objective (left knee varus alignment, positive McMurray sign, medial joint line tenderness, positive patellofemoral crepitation, positive grind test, and pain with deep squat) findings. The current diagnoses include traumatic osteoarthritis of the bilateral knees, status post multiple viscosupplementation and Synvisc injections for the bilateral knees with good short term response, and end stage osteoarthritis of the left knee. The treatment to date includes medications, left knee Kenalog injection, and multiple viscosupplementation injections, with reported good relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) SYNVISC INJECTION 6ML FOR THE 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 (ODG), Knee and Leg (updated 01/20/14), 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, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines identify documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies, such as gastrointestinal problems related to anti-inflammatory medications; documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargment, bony tenderness, crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age; pain interferes with functional activities, such as ambulation and prolonged standing, and not attributed to other form of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids; not currently a candidate for total knee replacement or has failed previous knee surgery for arthritis or a younger patient wanting to delay total knee replacement as criteria necessary to support the medical necessity of hyaluronic acid injections. In addition, the guidelines identify that hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. In addition, the guidelines identify documentation of significant improvement in symptoms for six (6) months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of diagnoses of traumatic osteoarthritis bilateral knees, status post multiple viscosupplementation and Synvisc injections for the bilateral knees with good short-term response, end stage osteoarthritis of the left knee. In addition, there is documentation of prior multiple viscosupplementation and Synvisc injections to the bilateral knees with reported good short term response. However, there is no documentation of significant improvement in symptoms for six (6) months or more. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.