MAXIMUS Federal Services

Case Number:	CM14-0035412		
Date Assigned:	06/23/2014	Date of Injury:	09/26/2008
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 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:

The injured worker is a 50-year-old male who reported an injury due to a slip and fall on 09/26/2008. In the clinical note dated 02/12/2014, the injured worker complained of left knee and right shoulder pain. It was noted that the injured worker stated he had pain/weakness and wanted to proceed with a series of Synvisc injections to the left knee. It was noted that the injured worker had prior benefits with the injections. The physical examination of the left knee revealed tenderness to the medial lateral and minimal swelling, with negative laxity and positive crepitus. It was noted there was a negative McMurray's sign and the range of motion with flexion was 108 degrees and extension was 0 degrees. Prior treatments included physical therapy, injections, surgery to the left knee, and pain medications. The diagnoses included left shoulder sprain/strain with bursitis and degenerative joint disease and status post left knee scope dated 2009 with extensive OA with spurring/mild. The treatment plan included a request for a series of 3 Synvisc injections to the left knee for ongoing symptoms and diagnosis finding. There was also a request for Voltaren XR. It was noted that the injured worker was to followup in 4 to 6 weeks and to be under consideration of redischarge after the Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections, series of 3, 6ml, 48mg, left knee Quantity: 3: 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 & leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The request for Synvisc injections, series of 3, at 6 ml of 48mg, for the left knee with a quantity of 3 is non-certified. The California MTUS/ACOEM Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers 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. The criteria for hyaluronic acid injections include: injured workers who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative and pharmocologic (e.g. exercise) treatments, or who are intolerant of these therapies (e.g. gastrointestinal problems related to anti-inflammatory medication) after at least 3 months. Documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus, on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synodium, and over 50 years of age; pain interferes with functional activities (e.g. ambulation, prolonged standing) and not attributed to other forms of joint disease; failure to adequately respond to aspiration injection of intra-articular steroids; generally performed without fluoroscopic or ultrasound guidance; are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless the injured worker is wanting to delay total knee replacement. For repeat series of injections, if there is a documented improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Hyaluronic acid injections are not recommended for any other indications such as chrondromalacia patella, facet joint arthropathy, osteochondritis dissecans or patellofemoral arthritis, patellofemoral signal, plantar nerve entrapment syndrome, or for use in joints other than the knee. In the clinical notes provided for review, there is a lack of documentation of the injured worker having failed conservative therapies such as physical therapy and the use of prescribed medications. There is also a lack of documentation of the injured worker's pain level status with or without the use of prescribed medications. Furthermore, the guidelines also state that a series of 3 injections over a 5 year period is not recommended because effectiveness may decline, as it is indicated that the injured worker has had previous treatments of Synvisc injections. Therefore, the request for Synvisc injections, series of 3, at 6 ml of 48mg, for the left knee with a quantity of 3 is non-certified.