MAXIMUS Federal Services

Case Number:	CM14-0047279		
Date Assigned:	07/02/2014	Date of Injury:	06/04/2011
Decision Date:	08/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 57-year-old male who reported an injury on 06/04/2011. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with osteoarthrosis, localized, primary, lower leg. The injured worker was noted to have a positive Apley's test to the bilateral knees. There was decreased range of motion to the bilateral knees. There was positive swelling and positive warmth. Motor strength was noted to be -5/5. The injured worker demonstrated impaired gait and had difficulty getting up from a seated position. He walked with a limp and used a straight point cane. The injured worker continued to have severe pain and discomfort. His medications included Norco for pain control up to 4 times a day, omeprazole for gastrointestinal upset control, Flexeril for spasm, Ambien 10 mg 1 tablet a day, and Prozac. Past medical treatment included physical therapy. The diagnostic studies included an official MRI of the right knee, dated 08/20/2012, Read by the treating physician revealed a subchondral cyst at the apex of the patella measuring 9 mm in size with chondromalacia of the medial articular margin of the patella. There was a small tear at the superior articular margin of the posterior horn of the medial meniscus. There was a moderate to a large amount of joint effusion present. There is a bone island in the proximal tibia on the posterior aspect measuring 5 mm in size. No other abnormalities were noted. An official MRI of the left knee, dated 11/20/2012, revealed degenerative PCL and/or medial meniscus root enthesopathy. On 2/27/14, a request for bilateral knees synvisc 1 injection had been made. However, a rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knees Synvisc 1 Injection: 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, 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 California MTUS ACOEM Guidelines do not address. According to the ODG, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for 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. The Guidelines further state, that there should be documented symptomatic severe osteoarthritis of the knee, which may include the following, bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active emotion, less than 30 minutes of morning stiffness, no palpable warmth on the synovium, and over 50 years of age. The documentation submitted for review indicated the injured worker had a positive Apley's test to the bilateral knees with decreased range of motion. However, the documentation failed to provide evidence of severe osteoarthritis of the knee, including bony enlargement, bony tenderness, or crepitus on active motion. In the absence of documented objective functional deficits corroborated by imaging studies of osteoarthritis, the request is not supported. Given the above, the request for bilateral knee synvisc 1 injection is not medically necessary.