

Case Number:	CM14-0050198		
Date Assigned:	07/07/2014	Date of Injury:	06/22/2008
Decision Date:	10/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 & 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 49 year-old male who reported a work related injury on 06/22/2008 due to continuous trauma. The diagnoses consisted of bilateral knee tricompartmental osteoarthritis, greater on the right than left. Past treatment has included Synvisc injections to the right knee, physical therapy, aquatic therapy, chiropractic care, medication, a crutch and a walker, and a right knee arthroscopy in July 2006. It was noted the Synvisc injections to the right knee provided initial benefit but the pain returned. A radiograph dated 05/28/2014 revealed degenerative changes medially as well as laterally as well as the patellofemoral joints. On 07/08/2014 it was noted that the injured worker continued with severe left knee pain with popping, grinding, and difficulty standing, walking, and climbing stairs. She also reported localized low back pain with episodes of pain extending down to both legs. The bilateral knees revealed atrophy of the vastus medialis oblique muscle with mild swelling on the right lateral proximal lower leg. There was diffuse tenderness to palpation over the medial and lateral joint line, medial and femoral condyles, and peripatellar region bilaterally. Patellofemoral crepitus was noted to be present with passive motion bilaterally. The McMurray's test showed evidence of diffuse knee pain. There was no laxity with Lachman's test, anterior drawer test or with the Valgus and Varus stress tests involving the knee. It was also noted that there was a worsening of the injured worker's left knee condition based on increased subjective complaints, as well as clinical findings, and the worsening effect on the injured worker's ability to perform activities of daily living. Current medications were not provided. The treatment plan consisted of Synvisc injection under ultrasound guidance x 3 dosage 6mg/48mg to the left knee. The rationale for the request and the request for authorization form 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:

Synvisc Injection under Ultrasound Guidance x 3 Dosage 6mg/48mg to 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, Treatment Index, 12th Edition (web), 2014, 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, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines state hyaluronic acid injections are indicated for injured workers experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. 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 motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; and over 50 years of age. Injections may be indicated for injured workers whose pain interferes with functional activities. In regards to the injured worker, physical exam findings included diffuse tenderness to palpation over the medial and lateral joint line, medial and femoral condyles, and peripatellar region bilaterally. Patellofemoral crepitus was noted to be present with passive motion bilaterally. There is a lack of documentation regarding the failure of aspiration and injection of intra-articular steroids. There is also no indication the injured worker has not responded to pharmacologic treatments, such as NSAIDs. In addition, hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. As such, the request for SynVisc injection to the left knee is not medically necessary.