

Case Number:	CM14-0052613		
Date Assigned:	07/07/2014	Date of Injury:	05/18/2000
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 licensed 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:

This 59 year-old female probation officer sustained an injury on 5/18/2000 from a vehicular accident while employed by [REDACTED]. Request(s) under consideration include Synvisc injections to the knee x3 (side not specified). Diagnoses include Internal derangement of knee/sprain/strain; brachial plexus lesions; carpal tunnel syndrome, Forearm Contusion, and ganglion and cyst of tendon synovium and bursa. Report of 10/24/13 from the provider noted the patient returned for follow-up with spinal pain. Exam showed tenderness and spasm of the thoracolumbar regions; trigger points (no specific area recorded); negative SLR at 70 degrees; limited range in flex/ext of 45/10 degrees; motor and sensation were intact. Plan included trigger point injections, meds, and light exercises. Report of 2/11/14 from the provider noted the patient was treating with another provider who has since retired for diagnoses of RSD, CTS, and thoracic outlet syndrome; however, the provider stated he does not treat those conditions and referred patient to an upper extremity specialist. The patient was seen for ongoing chronic pain of the thoracic and lumbar spine. Exam showed tenderness and spasms of the lumbar region and right sacroiliac joint; negative SLR at 70 degrees; with normal lower extremity motor exam in all major muscle groups; normal sensory and no pathological reflexes; knees with slight swelling and some crepitus upon range; stable collateral and cruciate ligaments with negative Lachman's and pivot testing and normal motor and sensory exam. Treatment recommendations included medications, ace bandages and Flector patches for the knees. The utilization reviewer had phone the provider's office requesting for indication and more information of the knees to support for the synvisc injections and office staff advised she could not find any reference or request for the injections and treatment for the knees were ACE bandages and Flector patches. Request(s) for Synvisc injections to the knee x3 (side not specified) was denied on 4/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections to the knee x3 (side not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 5, page 79 & Official Disability Guidelines (ODG)- Knee & Leg (Acute & Chronic).

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, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the knee; however, clinical findings has crepitus, but without any specific diagnoses or clear treatment indication. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the (unknown) synvisc injection request without diagnoses of OA, but for knee strain/ sprain/ internal derangement. The Synvisc injections to the knee x3 (side not specified) are not medically necessary and appropriate.