

Case Number:	CM14-0054614		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2006
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 patient is a 46 year old male who was injured on when he fell down some stairs and sustained an injury to his left knee. Progress report dated 03/15/2014 states the patient complained of constant low back pain and left knee pain. Objective findings on exam revealed tenderness at the cervical spine and lumbar spine with spasm. She has positive tenderness at the left knee patella and anterior positive compression test. She has pain with terminal flexion. She is diagnosed with status post cervical spine surgery, status post lumbosacral PLIF and status post left knee surgery. The treatment and plan included referral to pain management for the lumbar spine; request for Synvisc x3 to the left knee and medications refill. There are no other medical records for review with documented clinical evidence of functional improvement. Prior utilization review dated 04/10/2014 states the request for Series of 3 Left knee Synvisc injections is not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Left knee synvisc injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 CA MTUS Guidelines did not adequately address the requested treatment and therefore the Official Disability Guidelines have been applied. Per guidelines, Hyaluronic acid injections is indicated in patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to NSAIDs), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology criteria (knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae. In this case, the above criteria are not met and thus, the medical necessity of the request for Synvisc injections x 3 is not established at this time.