

Case Number:	CM13-0057792		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2003
Decision Date:	12/03/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old male, who sustained an industrial-work injury on 9-12-03. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee degenerative disease. Treatment to date has included medications, bracing, and previous synvisc injections to the left knee. Medical records dated 8-20-13 and 10-23-13 indicate that the injured worker complains of bilateral knee severe pain with the left side worse than the right side. He also walks with a limping gait. Per the treating physician, report dated 10-23-13 the injured worker has returned to work. The physical exam dated 10-23-13 reveals degeneration of both knees, limping gait, pain and tenderness in both knees with crepitus in the petellofemoral joint. The physician indicates that the injured worker has had 2-3 month improved with synvisc to the left knee. The injured worker continues to work and states synvisc injections received in August 2012 helped decrease the pain and increase ability to function but does not go in to detail. The physician also notes he would like to avoid the need for total knee replacement with using the synvisc injections. There are no previous diagnostic reports noted. The request for authorization date was 10-31-13 and requested service included 3 repeat synvisc injections to the right knee. The original Utilization review dated 11-7-13 non-certified the request for 3 repeat synvisc injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 repeat synvisc injections to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ACOEM -[https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations, Knee Disorders](https://www.acoempracguides.org/Knee;Table%20,%20Summary%20of%20Recommendations,%20Knee%20Disorders).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: Synvisc is a high molecular weight hyaluronan. MTUS does not contain specific recommendations regarding this treatment, but ACOEM guidelines do state that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. ODG recommends hyaluronic acid injections for patients experiencing significantly symptomatic osteoarthritis nonresponsive or intolerant of conservative treatments (exercise, NSAIDs, or acetaminophen), in order to delay total knee replacement. ODG states the evidence supporting this is modest. ODG also states that documented symptomatic severe osteoarthritis of the knee should be present, including bony enlargement, bony tenderness, or crepitus on active motion; as well as less than 30 minutes of morning stiffness, no palpable warmth of synovium, and patient over 50 years of age. Pain should interfere with functional activities and not attributed to other forms of joint disease. Patients should also have failure to adequately respond to aspiration and injection of intra-articular steroids and not be candidates for total knee replacement. For repeat injections, significant improvement must be documented for 6 months or more if symptoms recur, but evidence is weak to support this. The medical documentation does not completely detail the diagnosis of osteoarthritis, and only states that patient improved with prior injections. There is also no mention of intra-articular steroids and prior response in recent documentation. The treating physician does state that the patient improved, and that they are attempting to delay total knee replacement. The patient also only had prior improvement of 2-3 months, which is less than the 6-month recommendation to justify a repeat treatment. Although the patient meets a few of the recommended criteria above, they did not appear to have a sufficient response to therapy on the original treatment. Therefore, the request for synvisc injection (3 repeat to right knee), is not medically necessary at this time.