MAXIMUS Federal Services

Case Number:	CM14-0178184		
Date Assigned:	12/12/2014	Date of Injury:	07/18/2012
Decision Date:	01/15/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old male with an injury date of 07/18/12. Per physician's progress report dated 08/19/14, the patient is status post right knee surgery (date not mentioned). He complains of severe right knee pain rated at 8-9/10. Additionally, the patient also suffers from constant neck pain rated at 5/10 that worsens with movement. Physical examination of the cervical spine reveals mild tenderness to palpation over the paravertebral musculature, C4-C6 facets, and bilateral upper trapezius muscles with decreased lordosis. Cervical range of motion is slightly reduced. Physical examination of the right knee reveals redness, swelling and heat. There is tenderness to palpation with muscle guarding over the medial/lateral joint line. The range of motion is limited and the Patellar Grind test is positive. The patient has received bilateral C4-C6 medial branch block injection on 07/03/14 which helped reduce the symptoms by 70 - 80% for a short period of time, as per progress report dated 08/19/14. He is relying on a right knee brace to manage the pain. The patient failed conservative therapies such as physical therapy, chiropractic treatment, medications, rest and home exercises, as per the same progress report. In progress report dated 07/15/14, the treater states that medication Anaprox helps reduce pain from 5/10 to 2/10. The patient is not working, as per progress report dated 07/15/14. X-ray of the Right Knee (No date), found in QME report dated 02/06/14, as per progress report dated 03/31/14: - Tricompartmental degenerative arthritis with osteophyte formation and a 1- 2 mm cartilage interval.X-ray of the Lumbar Spine (No date), found in QME report dated 02/06/14, as per progress report dated 03/31/14:- Narrowing of the intervertebral disc space at L5-S1 and possibly L4-5.- Degenerative facet changesX-ray of the Cervical Spine (No date), found in QME report dated 02/06/14, as per progress report dated 03/31/14: Reversal of normal lordotic curve with the narrowing of the intervertebral disc spaces at C4-C5 and C5-C6.MRI of the Cervical Spine, July

2012, as per progress report dated 03/31/14: Disc osteophyte complexes with stenosis at two levels.Diagnoses, 08/19/14:- Cervical disc disease- Cervical facet syndrome- Status post right knee surgery with residual pain.The treater is requesting for one (1) series of three (3) Right Synvisc Injections under Ultrasound Guidance. The utilization review determination being challenged is dated 09/22/14. The rationale was "The patient is reporting a clinically significant decrease in his pain due to the use of an NSAID, and the medical record do not reflect any prior attempts of treatment with aspiration or intra-articular steroid injections." Treatment reports were provided from 03/31/14 - 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) series of three (3) right Synvisc injections under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 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) chapter Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state 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." ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection; there is morbid obesity or draining popliteal cyst. In progress report dated 03/31/14, the treater states that that the patient has "right knee sprain with patellofemoral arthralgia / chondrocalcinosis and moderate to severe tricompartment osteoarthritis." In progress report dated 07/15/14, the patient's primary treating physician states that the NSAID Anaprox helps reduce pain from 5/10 to 2/10 and helps the patient participate in activities of daily living and home exercise programs. The medication has also helped improve sleep patterns. However, in the 08/19/14 progress report, the orthopedic surgeon points out that the patient "has failed conservative treatment in form of physiotherapy, chiropractic manipulative therapy, medication and rest as well as home exercises." Given the persistent, severe knee pain, as per the most recent progress report, the request for one series of three Synvisc injections appears reasonable. However, the request ultrasound guidance is not as the treater has not documented morbid obesity, or any potential difficulty with the injection. The request is not medically necessary.