

Case Number:	CM14-0198453		
Date Assigned:	12/08/2014	Date of Injury:	09/08/2013
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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 37-year-old male with a date of injury of 09/08/2013. According to progress report dated 10/15/2014, the patient presents with intermittent pain at the lower back with radiation of pain into the lower extremities. The patient also complains of frequent left knee pain that is aggravated by squatting, kneeling, ascending and descending downstairs, and prolonged walking and standing. Examination of the lumbar spine revealed paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Examination of the left knee revealed well-healed arthroscopic portals and tenderness in the joint line. Patellar grind, anterior drawer, posterior pivot shift test, and McMurray's are all negative. There is pain with terminal flexion with crepitus. X-ray of the left knee from 09/11/2013 revealed no acute fracture nor subluxation is demonstrated. The joint spaces appeared preserved. No abnormal soft tissue calcifications are seen. The listed diagnoses are lumbago and knee pain. The request is for Synvisc injections to the left knee and acupuncture. The utilization review denied the request on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three Synvisc Injections 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, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, hyaluronic acid injections

Decision rationale: This patient presents with low back and left knee pain. The current request is for series of 3 Synvisc injections to the left knee. The MTUS Guidelines do not discuss hyaluronic acid knee injections. Therefore, we turned to ODG for further discussion. Guidelines under knee and leg chapter has the following regarding hyaluronic acid injections, "recommended as possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAID [non-steroidal anti-inflammatory drug], or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states in a study that assessing the efficacy of intraarticular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found the results were similar and were not statistically significant between treatment groups, but HA was superior to placebo improving knee pain and function, with no difference between 3 or 6 consecutive injections. There is no record of prior Synvisc injections in the reports provided for review. In this case, the patient does not present with severe osteoarthritis of the knee to warrant hyaluronic acid injections. X-ray of the left knee dated 09/11/2013 revealed "the joint spaces appeared preserved." The requested series of Synvisc injections to the left knee is not medically necessary.

Acupuncture 2 times a week for 4 weeks to left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8; 13. Decision based on Non-MTUS Citation [.http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc)

Decision rationale: This patient presents with low back and left knee pain. The current request is for acupuncture 2 times a week for 4 weeks to left knee and lumbar spine. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. The recommended frequency and duration is 3 to 6 treatments for a trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. In this case, given the patient's continued pain, an initial course of 3 to 6 treatments may be indicated; however, the treating physician has requested an initial 8 treatments which exceeds what is recommended by MTUS. The requested acupuncture is not medically necessary.