

Case Number:	CM14-0202716		
Date Assigned:	12/15/2014	Date of Injury:	05/01/1997
Decision Date:	02/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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 Pain Medicine 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 is a patient with a date of injury of May 1, 1997. A utilization review determination dated November 25, 2014 recommends non-certification of Synvisc One on the left knee and MRI of the right knee. Non-certification for the MRI was due to lack of documentation of failed conservative treatment or a recommendation for surgical intervention. Non-certification of Synvisc One was due to lack of documentation of osteoarthritis in the left knee, failed conservative treatment, and duration of functional improvement from the previous injection. A progress report dated November 5, 2014 and identifies subjective complaints of pain in both knees. Limping on the left knee has caused the right need to begin hurting. Physical examination reveals tenderness along the medial aspect of both knees right greater than left with mild effusion on the right. Range of motion is normal. Weight-bearing x-rays of both knees show good cartilage space. The patient has increased pain during McMurray's test. Diagnoses are not listed. The treatment plan recommends a Synvisc injection for the left knee and MRI for the right knee to see if she has a torn meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One On The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc One, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including exercise, medication, and aspiration and injection of intra-articular steroids. Additionally, imaging studies do not show a diagnosis of severe osteoarthritis of the knee and there is no documentation of pain that interferes with functional activities. Furthermore, if the patient has undergone Synvisc injections previously, there is no documentation of analgesic efficacy, functional improvement, or duration of effect. In the absence of such documentation, the currently requested Synvisc One is not medically necessary.

MRI of The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1 and 13-3, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the documentation available for review, there is no evidence of locking, catching, or objective evidence of ligamentous/meniscal injury on physical examination. It is acknowledged that there is pain with McMurray's testing, but no catch or locking was noted. Additionally, there is no documentation that conservative treatment aimed towards the knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.