

Case Number:	CM14-0203115		
Date Assigned:	12/15/2014	Date of Injury:	03/11/2012
Decision Date:	01/31/2015	UR Denial Date:	11/14/2014
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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 3/11/2012. He was diagnosed with cervical and lumbar discopathy, and later mild tricompartmental osteoarthritis of the knees and hips after he complained of bilateral knee and hip pain which was deemed to be partially related to his obesity and partially related to repetitive movements while at work. He was treated with physical therapy, chiropractor treatments, medications, surgery (shoulder, lumbar, hip), and injections. Synvisc was used for the left knee on 4/25/13 and again on 12/26/13, providing measurable pain reduction in the knee for the worker. On 10/30/14, the worker was seen by his treating physician reporting clicking in his right shoulder. He reported having had excellent relief of his left knee pain for more than six months following his last Synvisc injection. Left knee physical findings included positive patellofemoral crepitation, range of motion was 0 - 130 degrees, positive patellofemoral grind test, normal leg strength, negative varus and valgus stress tests, and normal neurological and vascular examination. He was then recommended a repeat Synvisc injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection 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 and Leg Chapter, Hyaluronic acid Injections

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 section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, although there was some reported benefit from previous injections of Synvisc, the criteria do not seem to be met, according to the information gathered in the documents provided for review. There was no other treatment methods being used or discussed, most importantly weight loss via healthy diet and exercise, focused physical therapy/strengthening, and acetaminophen. If these methods were already being used by the worker but not mentioned in the notes, then this needs to be included in the documentation in order to show evidence of these methods being used. Also, Synvisc injections are generally recommended for severe osteoarthritis, and this worker has what appears to be mild and early degenerative changes. Considering all of the above, the repeat Synvisc injection will be considered medically unnecessary.