MAXIMUS Federal Services

Case Number:	CM14-0208929		
Date Assigned:	12/22/2014	Date of Injury:	07/25/2011
Decision Date:	02/18/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 42-year-old male with a date of injury of 07/25/2011. According to progress report dated 11/04/2014, the patient presents with continued bilateral knee pain. Patient is status post open left knee ACI procedure for 2 lesions on 02/15/2013. Patient still has residual pain but is able to exercise at the gym every other day and is swimming on opposite days. Patient reports not being able to stand for extended periods of time, and when he tries to walk longer distances, he had significant pain and fatigue. The patient has a history of left knee examination under anesthesia, diagnostic arthroscopy, and partial lateral meniscectomy in 07/13/2012. Examination of the right knee revealed some tenderness in the posteromedial and, to a lesser extent, posterolateral joint line. There is increased pain with McMurray's and Apley's grind test. Examination of the left knee revealed well-healed midline surgical scar. Quadriceps atrophy is still present, particularly over the vastus medialis oblique. There is mild global tenderness. There is more specific tenderness over the posteromedial and anteromedial corners. MRI of the right knee from 05/23/2014 revealed articular cartilage irregularity near the lateral aspect of the medial femoral condyle at the trochlear groove. There is at least grade-2 degeneration of the posterior horn of the medial meniscus extending inferiorly, but not apparently going to the surface. The listed diagnoses are:1. Right shoulder pain.2. Right wrist pain.3. Left chest wall pain.4. Left knee pain.5. Right knee pain.6. Lumbosacral spine pain. Treatment plan is for patient to undergo a "3-vial course of viscosupplementation injections of the bilateral knee." The utilization review denied the request on 11/22/2014. Treatment reports from 05/06/2014 to 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation synvisc injection bilateral knees series of 3 both knees qty: 6:
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), Knee and Leg Chapter (Acute and Chronic)

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 chronic bilateral knee pain. The current request is for viscosupplementation Synvisc injection, bilateral knees, series of 3 (both knees), qty: 6. The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, we turned to ODG for further discussion. ODG Guidelines under its 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, 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 the study 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 there was no statistical significance between treatment groups, but HA was somewhat superior to placebo improving knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, MRI report dated 05/23/2014 showed articular cartilage irregularity, but there is no indication of severe arthritis to warrant these injections. ODG states that hyaluronic acid injections are recommended as a possible option for "severe arthritis." The requested Synvisc injections are not medically necessary.