

Case Number:	CM15-0004431		
Date Assigned:	01/15/2015	Date of Injury:	03/16/2009
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker (IW) is a 48 year old who sustained an industrial injury on 03/16/2009. He has reported pain in the knees, lower back and shoulder. The diagnoses have included an impingement of the shoulder with a history of repair of the rotator cuff, lumbar strain and spondylosis, and osteoarthritis of the knee. Current medications, surgical history and diagnostic studies were not provided within the submitted medical records. Therapies were noted to include hyaluronic acid injections and physical therapy. Treatment to date has included pain medications, and Synvisc injections. Currently, the IW complains of restricted range of motion to the left shoulder for which he is receiving physical therapy. There is documentation on 11/19/2014 that the IW has arthritis of the knees and has discussed definitive surgery of bilateral total knee arthroplasty. The IW does not want this yet and requested a repeat course of Viscosupplementation treatment regimen. The plan is to give a series of 3 Synvisc injections under ultrasound guidance weekly for three weeks to both knees. On 12/09/2014 Utilization Review non-certified a request for a series of 3 Synvisc injections under ultrasound guided, every 1 week x 3 weeks for both knees noting that there was a lack of clarity of the previous injections in the medical records and the documentation failed to establish the medical necessity of a repeat series of injections at this time. The Guidelines Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Hyaluronic acid injections were cited. On 01/08/2015, the injured worker submitted an application for IMR for review of the non-certified item.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Synvisc injections under ultrasound guided, every 1 week x 3 weeks for both knees: 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 & Leg (Acute & Chronic), Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg

Decision rationale: Series of 3 Synvisc injections under ultrasound guided, every 1 week x 3 weeks for both knees is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that for hyaluronic acid injections repeat series of injections can be performed if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. Hyaluronic acid injections also require documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. The documentation reveals that the patient has had prior hyaluronic acid injections in 2011 and 2013 and there is no documentation of efficacy of these injections. Without this information additional injections cannot be certified and are not medically necessary.