

Case Number:	CM15-0101347		
Date Assigned:	06/03/2015	Date of Injury:	03/29/2011
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 58 year old male, who sustained an industrial injury on March 29, 2011. He reported bilateral knee injuries due to cumulative trauma. The injured worker was diagnosed as having internal derangement of knee, right knee advanced degenerative joint disease, and left knee pain, compensatory. On August 8, 2001, an MRI of the right knee revealed advanced arthritic changes of the patellofemoral joint. Treatment to date has included work modifications, bilateral knee braces, and medications including pain, muscle relaxant, and proton pump inhibitor. On April 14, 2015, the injured worker complains of constant throbbing pain in the knees, which is greater on the left than the right. Associated symptoms include swelling and buckling. The pain is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing. The left knee pain is worsening and the right knee is unchanged. His pain is rated 7/10. The physical exam of bilateral knees revealed anterior joint line tenderness, positive patellar grind test, negative anterior drawer and posterior pivot shift tests, positive McMurray's, pain with terminal flexion with crepitus, no instability, no swelling, and normal strength of the quadriceps and hamstring muscles. X-rays of the left knee were done in the office and revealed degenerative joint disease. The injured worker underwent a left knee injection during this visit. The requested treatments are a series of 3 Synvisc injections for the right knee and Synvisc (6 units) 2 units per injection for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections, right knee, per 05/07/2015 order Qty: 3: Overturned

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, 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 Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents with pain in the neck radiating to upper extremities rated 8/10, back radiating to lower extremities rated 8/10, bilateral shoulders rated 5/10, bilateral knees rated 7/10, and right foot and ankle rated 3/10. The request is for Synvisc injections, right knee, per 05/07/2015 order qty: 3. The request for authorization is dated 05/07/15. MRI of the right knee, 03/14/11, shows moderate severe degenerative changes of the medial and lateral menisci, moderate sprains of the anterior cruciate and medial collateral ligaments, moderate to severe tricompartmental degenerative changes, chondromalacia patella laterally, osteochondral lesion of the lateral patella, mild cortical depression and/or fracture with edema and cystic changes, and 2 loose bodies posterior to the inferior posterior cruciate ligament measuring less than 1 cm each. X-ray of the left knee, 04/14/15, revealed degenerative joint disease. Diagnoses include compensatory left knee pain and right knee advanced degenerative joint disease. Physical examination of the bilateral knees reveals tenderness in the anterior joint line. There is pain with terminal flexion with crepitus. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/14/15, the patient can continue working modified duty. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Treater does not discuss the request. In this case, the patient is diagnosed with right knee advanced degenerative joint disease. MRI of the right knee shows moderate severe changes of the medial and lateral menisci, and moderate to severe tricompartmental degenerative changes. Physical examination of the bilateral knees reveals pain with terminal flexion range of motion with crepitus. Given the patient continues with pain, MRI findings, physical examination and diagnosis, Synvisc injection appears reasonable. There is no evidence of a prior Synvisc injection to the right knee. Therefore, the request IS medically necessary.

Synvisc (6 units), 2 units per injection, bilateral knees, per 05/07/2015 order Qty: 12:
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, 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 Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents with pain in the neck radiating to upper extremities rated 8/10, back radiating to lower extremities rated 8/10, bilateral shoulders rated 5/10, bilateral knees rated 7/10, and right foot and ankle rated 3/10. The request is for Synvisc (6 units), 2 units per injection, bilateral knees, per 05/07/2015 order qty: 12. The request for authorization is dated 05/07/15. MRI of the right knee, 03/14/11, shows moderate severe degenerative changes of the medial and lateral menisci, moderate sprains of the anterior cruciate and medial collateral ligaments, moderate to severe tricompartmental degenerative changes, chondromalacia patella laterally, osteochondral lesion of the lateral patella, mild cortical depression and/or fracture with edema and cystic changes, and 2 loose bodies posterior to the inferior posterior cruciate ligament measuring less than 1 cm each. X-ray of the left knee, 04/14/15, shows degenerative joint disease. Diagnoses include compensatory left knee pain and right knee advanced degenerative joint disease. Physical examination of the bilateral knees reveals tenderness in the anterior joint line. There is pain with terminal flexion with crepitus. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/14/15, the patient can continue working modified duty. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Treater does not discuss the request. The patient is diagnosed with right knee advanced degenerative joint disease and left knee compensatory pain. MRI of the right knee shows moderate severe changes of the medial and lateral menisci, and moderate to severe tricompartmental degenerative changes. X-ray of the left knee shows degenerative joint disease. Physical examination of the bilateral knees reveals pain with terminal flexion range of motion with crepitus. In this case, the patient's right knee symptoms are severe; however, the patient's left knee symptoms are not severe enough to meet ODG guideline criteria for Synvisc injection. Therefore, the request IS NOT medically necessary.

