

Case Number:	CM15-0146854		
Date Assigned:	08/10/2015	Date of Injury:	01/08/2002
Decision Date:	09/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented 60-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 8, 2012. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for viscosupplementation injection therapy for the knees. The claims administrator referenced a June 30, 2015 RFA form in its determination as well as a progress note dated March 20, 2015. The applicant's attorney subsequently appealed. The claims administrator suggested that the attending provider failed to furnish evidence of conservative treatment of failure, despite the fact that the applicant was over 10 years removed from the date of the injury as of the date of the request. The claims administrator also suggested that the applicant undergo knee corticosteroid injections prior to pursuit of the proposed viscosupplementation injections. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of bilateral knee pain reportedly attributed to bilateral knee arthritis. The applicant was given a right knee corticosteroid injection. It was suggested that the applicant had had prior right knee corticosteroid injection but had derived only fleeting benefit from the same.

Viscosupplementation injection therapy was therefore sought. In a December 17, 2014 progress note, the applicant was described as having ongoing complaints of knee pain reportedly attributed to knee arthritis. The applicant was on Norco for pain relief. The applicant's medication list included triamterene-hydrochlorothiazide, Lopressor, Zestril, Norco, and Tylenol, it was reported. The applicant had complaints of locking and clicking about both knees, it was reported. Crepitation and tenderness about the knee joint lines were appreciated bilaterally. The applicant's BMI was 28.

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 to the bilateral knees: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS, ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687. Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications: Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies. Four of six comparative trials found viscosupplementation injections superior to glucocorticosteroid injections with longer duration of benefits, so these injections may be a treatment option for osteoarthritis non-responsive to non-invasive treatments.1284, 1302-1304 There is moderate- quality evidence that these injections are more effective in patients aged 60 to 75.1305.

Decision rationale: Yes, the request for a series of three Synvisc injections to the bilateral knees was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that intraarticular viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was reportedly present here, per progress notes of December 17, 2014 and March 20, 2015. The requesting provider seemingly suggested that the applicant had longstanding knee arthritic complaints which had proven recalcitrant to time, medications, physical therapy, etc. Moving forward with the proposed viscosupplementation (Synvisc) injections was, thus, indicated, particularly in light of the fact that ACOEM notes viscosupplementation injections are superior to glucocorticosteroid injections in the treatment of knee arthritis, as was/is present here. ACOEM also notes that individuals between ages 60 and 75 are most likely to benefit from viscosupplementation injection therapy. Here, the applicant was 60 years old and had signs and symptoms of knee arthritis to include pain, locking, clicking, Crepitation, and joint line tenderness etc. Moving forward with the viscosupplementation injections in question, was thus, indicated. Therefore, the request was medically necessary.