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| Case Number: | CM15-0189712 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 08/21/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 26 year old male, who sustained an industrial injury on 8-21-13. The injured worker is being treated for sprain-stain of leg-knee and plantar fasciitis. (MRI) magnetic resonance imaging of lumbar spine was performed on 10-16-14. Treatment to date has included oral medications including Anaprox, Norco; and activity modifications. On 7-16-15 the injured worker complained on worsening of right knee and had fallen down stairs one day prior; on 8-20-15, the injured worker complains of continued pain which is worse in left knee and is requesting (MRI) magnetic resonance imaging of left knee and an injection. Work status is noted to be full duty. Objective findings on 7-16-15 left knee was noted to be non-tender and tenderness was noted at plantar fascia insertion at spur with full range of motion and on 8-20-15 noted flare up of anterior patello femoral region of left knee. The treatment plan included request for (MRI) magnetic resonance imaging of left knee and Synvisc injection of left knee. On 9-10-15 requests for (MRI) magnetic resonance imaging of left knee and Synvisc injection of left knee were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Decision rationale: The patient presents with LEFT knee pain. The request is for Synvisc injection, left knee. The request for authorization is not provided. Patient's diagnoses include LEFT knee sprain/Strain and LEFT foot plantar fasciitis. Physical examination of the LEFT knee reveals positive flare up of anterior patello fem region. Per progress report dated 08/20/15, the patient is full 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 continues with LEFT knee pain. ODG recommends Synvisc One injections for severe osteoarthritis for patients who have not responded adequately to conservative treatments. However, physical examination of the patient's LEFT knee and diagnosis do not show severe osteoarthritis. Therefore, the request IS NOT medically necessary.

MRI (magnetic resonance imaging), left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's.

Decision rationale: The patient presents with LEFT knee pain. The request is for MRI (magnetic resonance imaging), left knee. The request for authorization is not provided. Patient's diagnoses include LEFT knee sprain/Strain and LEFT foot plantar fasciitis. Physical examination of the LEFT knee reveals positive flare up of anterior patello fem region. Per progress report dated 08/20/15, the patient is full duty. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with

significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging, MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult, nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" Treater does not discuss the request. Review of provided medical records show no evidence of a prior MRI of the LEFT knee. Physical examination of the LEFT knee reveals positive flare up of anterior patello fem region. However, treater does not discuss or document significant trauma or suspicion of "internal derangement" to warrant an MRI LEFT Knee. Therefore, the request IS NOT medically necessary.