MAXIMUS Federal Services

Case Number:	CM15-0020698		
Date Assigned:	02/11/2015	Date of Injury:	05/12/2008
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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 56-year-old male, who sustained an industrial injury on 05/12/2008 resulting in left leg fracture and amputation of the leg. He has reported subsequent back and lower extremity pain and was diagnosed with pain in joint of the lower leg, sciatica, and disorders of the sacrum. Treatment to date has included oral pain medication, Synvisc injections, TENS unit and home exercises. In a progress note dated 12/18/2014, the injured worker complained of left stump, lower back, right knee, and right ankle pain. The physician noted that the injured worker's pain had responded well to a previous Synvisc injection and that another injection for the right knee was being ordered. A request for authorization of Synvisc injections was made. On 01/14/2015, Utilization Review non-certified requests for Synvisc one injection to the right knee x 1 and Synvisc 16 mg, noting that there are no long-term studies to show the efficacy of continued repeated injections. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 ODG, Knee, Hyaluronic Acid Injections, pages 311-313

Decision rationale: ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request with diagnoses of joint/leg pain. There were no recent x-ray studies presented or remarkable clinical findings consistent with any osteoarthritic changes to support for synvisc. Previous injections have not proven effective as the patient has unchanged functional impairment remaining functionally unchanged status. The Synvisc one injection to the right knee is not medically necessary and appropriate.

Synvisc 16mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 ODG, Knee, Hyaluronic Acid Injections, pages 311-313

Decision rationale: ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request with diagnoses of joint/leg pain. There were no recent x-ray studies presented or remarkable clinical findings consistent with any osteoarthritic changes to support for synvisc. Previous injections have not proven effective as the patient has unchanged functional impairment remaining functionally unchanged status. The Synvisc 16mg #1 is not medically necessary and appropriate.