

Case Number:	CM15-0021647		
Date Assigned:	02/12/2015	Date of Injury:	06/20/2010
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 injured worker is a male, who sustained an industrial injury on 06/20/2010. On provider visit dated 01/16/2015 the injured worker has reported lower back pain that radiates down both lower extremities. On examination he was noted to have decreased sensation along the posterolateral thigh and posterolateral calf on the left in comparison to the right. The diagnoses have included lumbar post -laminectomy syndrome and bilateral lower extremity radiculopathy, left greater than right. Treatment to date has included left and right knee x-rays and MRI's. Treatment plan was noted as Synvisc-One injection to his left knee for ongoing pain with limited range of motion and MRI findings consistent with degenerative changes. On 01/21/2015 Utilization Review non-certified Synvisc One left knee . The CA MTUS, ACOEM Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Hyaluronic acid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee, Hyaluronic acid injections

Decision rationale: MTUS is silent regarding the use of synvisc injections. While ACOEM guidelines do not specifically mention guidelines for synvisc injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; 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." Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;" Failure to adequately respond to aspiration and injection of intra-articular steroids;" No other documentation is provided that comments on if the patient was unsuccessful with other treatment nonpharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months." ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended." As such, the request for Synvisc One left knee is not medically necessary.