

Case Number:	CM15-0040393		
Date Assigned:	03/10/2015	Date of Injury:	09/03/2014
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 9/3/14. He has reported a fall into a two foot deep trench with injury to bilateral knees and hands. The diagnoses have included bilateral knee joint sprain and left knee lateral and medial meniscus tear status post surgical repair. He is status post left knee arthroscopy from 9/19/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, ice packs and work restrictions. Currently, the IW complains of right knee pain that increased two weeks after a steroid joint injection. The left knee was documented to have full Range of Motion (ROM) and minimal pain. The physical examination signed on 1/9/15 documented a cyst noted on the left knee. And right knee with a 4x4 cm cyst with joint line tenderness. The plan of care included a Synvisc injection to the right knee, medication for severe pain, and a custom knee brace. The UR found the request to be non-certify due to lack of failure of conservative therapy and no prior corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection, bilateral knees qty: 2: 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 and Leg, Synvisc and 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: Synvisc is a hyaluronan acid derivative. MTUS is silent regarding the use of ultrasound guided 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. Medical records fail to document significantly painful osteoarthritis. There is no documentation of failure of conservative measures other than the use of Tylenol and 1 cortisone injection which seemed to make things worse. The patient is post op and the 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. Additionally, ODG states that Hyaluronic acid injections. Generally performed without fluoroscopic or ultrasound guidance. As such, the request for Synvisc Injections bilateral knees Qty: 2 is not medically necessary.