

Case Number:	CM15-0044424		
Date Assigned:	03/16/2015	Date of Injury:	10/11/2005
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 73 year old patient with date of injury of 10/11/2005. Medical records indicate the patient is undergoing treatment for right wrist arthralgia, degenerative spondylolisthesis L4-L5, left hip arthralgia, moderate right knee arthritis, status post left knee meniscectomy and left knee moderate arthritis. Subjective complaints include pain in back and knees with spasm and tightness. Objective findings include tenderness of lumbar spine with positive straight leg raise, spasm and crepitation noted in both knees with restricted range of motion. Treatment has consisted of physical therapy, Norco and Valium. The utilization review determination was rendered on 02/09/2015 recommending non-certification of Bilateral synovise injection for bilateral knee one injection times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral synovise injection for bilateral knee one injection times 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 (ODG), criteria for Hyaluronic acid or Hylan.

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 usage of 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." The treating physician has not provided documentation indicating the patient was unsuccessful with other treatment nonpharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months. There is not documentation of failed corticosteroid injections. As such, the request for Bilateral synvisc injection for bilateral knee one injection times 2 is not medically necessary.