MAXIMUS Federal Services

Case Number:	CM15-0056450		
Date Assigned:	04/01/2015	Date of Injury:	10/01/2004
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
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 64 year old male, who sustained an industrial injury on October 1, 2004. He reported depression, anxiety, low back pain with numbness in bilateral legs, bilateral knee pain and left hand pain. The injured worker was diagnosed as having status post left and right knee surgery, post-operative infection and right knee debridement, depression and anxiety. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the right and left knees, conservative therapies, medications and work restrictions. Currently, the injured worker complains of low back pain with numbness in bilateral legs, bilateral knee pain and left hand pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported hand pain developing after long term use of a cane. He reported knee pain Evaluation on July 22, 2014, revealed continued pain. The plan included a Synvisc injection to the knee and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to 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 (ODG), Knee and Leg chapter, 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.

Decision rationale: The patient presents with pain affecting the bilateral knee, left hand and low back accompanied with numbness in the bilateral legs. The current request is for Synvisc injection to left knee. The requesting treating physician report was not found in the documents provided. The most current report provided for review was dated 7/22/14. The UR report dated 3/23/15 (3A) states, "Office visit dated 1/6/15 noted the patient with complaints of left knee pain. Exam showed decreased range of motion (ROM), grinding, and positive Mcmurray's. Office visit dated 2/17/15 noted the patient with complaints of left knee pain. Exam showed crepitus of the knee, tenderness, swelling, and decreased ROM. The plan was for a left knee Synvisc injection." MTUS is silent on Synvisc injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, "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." The ODG guidelines go into further detail for the criteria of Hyaluronic acid injections and state that an injection is not recommended if the patient: "Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." The medical reports provided, do not show evidence that the patient has received any previous Synvisc injections. In this case, the patient presents with grinding, crepitus, tenderness and a decreased range of motion, 7 years post left knee Arthroscopy. There is no documentation of failure to improve with exercise or medications. There is no documentation that the pain interferes with functional activities and there is no discussion regarding failure to respond to aspiration and injection of intra-articular steroids as required by the ODG guidelines. Furthermore, the patient is 65 years old and has failed left knee surgery for his arthritis. The current request does not satisfy the ODG guidelines as outlined in the "Knee" chapter. The request is not medically necessary.