MAXIMUS Federal Services

Case Number:	CM14-0160510		
Date Assigned:	10/06/2014	Date of Injury:	05/29/2001
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female patient with a date of injury of May 29, 2001. A utilization review determination dated September 26, 2014 recommends non-certification of bilateral knee MRI. A progress note dated September 22, 2014 identifies subjective complaints of right shoulder pain with popping and bilateral knee pain with popping. Physical examination identifies tenderness with palpation of bilateral knees, positive crepitus, and positive pain with McMurray's. The diagnoses include status post right knee arthroscopy done on October 9, 2002, and the remaining diagnoses are illegible. The treatment plan recommends awaiting the AME report, request authorization for bilateral knee MRI to assess for meniscus tear and to assess for worsening bilateral knee symptoms, and requests authorization for bilateral knee Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331, 343, 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Knee & Leg, MRI

Decision rationale: Regarding the request for bilateral knee MRI, Occupational Medicine Practice Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. ODG Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of bilateral pain. However, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards bilateral knees has failed. In the absence of such documentation, the currently requested bilateral knee MRI is not medically necessary.

Six (6) synvisc injections to bilateral knee (3 per 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 (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc x 6, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of exam and imaging findings supporting a diagnosis of osteoarthritis of the knee, and no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc injection x 6 is not medically necessary.