

Case Number:	CM14-0162369		
Date Assigned:	10/07/2014	Date of Injury:	02/17/2014
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 2/17/14 date of injury. At the time (9/18/14) of request for authorization for Series of 3 ultrasound guided Synvisc injections into knees and MRI left knee, there is documentation of subjective (left knee pain) and objective (effusion and swelling noted, mild patellar ballottement, positive patellar crepitus, decreased range of motion, positive patellar grind test, and tenderness over the medial area) findings, imaging findings (X-ray of the left knee (6/16/19) report revealed mild-moderate patellofemoral and mild lateral compartment osteoarthritis), current diagnoses (osteoarthritis of the left knee and left patellofemoral syndrome), and treatment to date (medications and physical therapy). Regarding ultrasound guided Synvisc injections, hyaluronic injections are generally performed without ultrasound guidance. Regarding MRI of the left knee, there is no documentation of a non-diagnostic radiograph.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 ultrasound guided Synvisc injections into knees: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Synvisc Injections. In addition, the guidelines identify that hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the left knee and left patellofemoral syndrome. In addition, there is documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (medications and physical therapy); and plain x-ray findings diagnostic of osteoarthritis. However, Hyaluronic injections are generally performed without ultrasound guidance. Therefore, based on guidelines and a review of the evidence, the request for Series of 3 ultrasound guided Synvisc injections into knees is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as non-diagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee (first 30 days). ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; non-traumatic knee pain; initial anteroposterior and lateral radiographs non-diagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee (after 30 days). Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the left knee and left patellofemoral syndrome. In addition, given documentation of subjective (left knee pain) and objective (effusion and swelling noted, mild patellar ballottement, positive patellar crepitus, decreased range of motion, positive patellar grind test, and tenderness over the medial area) findings, there is documentation of a

condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (patellofemoral (anterior) symptoms). However, given documentation of X-ray findings (mild-moderate patellofemoral and mild lateral compartment osteoarthritis), there is no documentation of a non-diagnostic radiograph. Therefore, based on guidelines and a review of the evidence, the request for MRI left knee is not medically necessary.