

Case Number:	CM14-0212605		
Date Assigned:	12/30/2014	Date of Injury:	05/25/2012
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 & Gen Prev Med

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 59 year old patient with date of injury of 05/25/2012. Medical records indicate the patient is undergoing treatment for right wrist fusion, left knee chondromalacia and left knee osteoarthritis. Subjective complaints include left knee pain, right wrist pain, described as moderate, constant and dull, unable to close hand. Objective findings include right wrist with diffuse swelling, left knee positive McMurray's, crepitus, patellar grind and limp. Treatment has consisted of home exercise program, physical therapy, Norco, restrictions. The utilization review determination was rendered on 11/21/2014 recommending non-certification of Left knee Synvisc injection x 3 (6MI/48 mg total) under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc injection x 3 (6MI/48 mg total) under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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 high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided synvisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided 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 do not indicate that this patient underwent cortisone injections to address pain. No other documentation was provided that treatment nonpharmacologic or pharmacologic modalities were unsuccessful. 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 Left knee Synvisc injection x 3 (6MI/48 mg total) under ultrasound guidance is not medically necessary.