

Case Number:	CM15-0014420		
Date Assigned:	02/02/2015	Date of Injury:	10/25/1996
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 71-year-old male, who sustained an industrial injury on October 25, 1996. The diagnoses have included bilateral knee degenerative joint disease, medial compartment arthropathy and patellofemoral compartment arthropathy. Treatment to date has included Synvisc injections to the bilateral knees, physical therapy, bracing, arthroscopic surgery, and medications. Currently, the injured worker complains of bilateral knee pain. The Primary Treating Physician's report dated July 29, 2014, noted the injured worker regularly follows up every six months for bilateral viscosupplementation to his knees. The Physician noted crepitus in both knees, and tenderness over the medial joint line. The Treating Physician's note dated November 4, 2014, noted the injured worker in for the third Synvisc injection of both knees, having had no trouble with prior injections. On January 8, 2015, Utilization Review non-certified Synvisc injections, bilateral knees QTY: 3.00 and prefilled syringes QTY: 6.00, noting there were no current subjective or objective exam findings submitted for review for the Synvisc injections, and the request for prefilled syringes was not reasonable and medically necessary. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of Synvisc injections, bilateral knees QTY: 3.00 and prefilled syringes QTY: 6.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections, bilateral knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on MTUS Citation Knee and Leg 9792.20. Medical Treatment Utilization Schedule Definitions (f) functional improvement

Decision rationale: Synvisc injections bilateral knees are not medically necessary per the ODG guidelines. The MTUS does not specifically address Synvisc injections. The ODG states: that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The current request does not indicate how many injections will be given. Furthermore, there is no evidence of significant functional improvement as defined by the MTUS from prior injections. The request for Synvisc injections are not medically necessary.

Prefilled Syringes Qty: 6.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg 9792.20. Medical Treatment Utilization Schedule Definitions (f) functional improvement

Decision rationale: Prefilled syringes qty:6 are not medically necessary as the request for Synvisc injections are not medically necessary. MTUS does not specifically address Synvisc injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. Furthermore, there is no evidence of significant functional improvement as defined by the MTUS from prior injections. The current request does not indicate how many injections will be given. The request for Synvisc injections are not medically necessary and therefore the request for prefilled syringes are not medically necessary.

