

Case Number:	CM15-0014853		
Date Assigned:	02/02/2015	Date of Injury:	10/27/2007
Decision Date:	05/28/2015	UR Denial Date:	01/13/2015
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: California

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 51 year old female who sustained an industrial injury on 10/27/2007. Current diagnoses include impingement syndrome left shoulder, capitellar-olecranon joint inflammation left elbow, chronic neck pain, internal derangement of bilateral knees, medial epicondylitis and ulnar neuritis and median nerve neuritis on the left, and chronic pain syndrome. Previous treatments included medication management. Report dated 01/02/2015 noted that the injured worker presented with complaints that included neck pain with muscle spasms and stiffness, left shoulder pain and left elbow numbness and tingling, and pain in both knees with popping and clicking. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included receiving medications, follow up in 4 weeks, and request for Othovisc or Synvisc injection. Disputed treatments include Synvisc injection x3 to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection x3 to the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines knee and leg chapter, hyaluronic acid injections.

Decision rationale: This patient presents with chronic bilateral knee pain. The Request for Authorization is not provided in the medical file. The current request is for Synvisc Injection X3 To The Left Knee. Treatment history includes medication, TENS unit, hot and cold wrap, bracing, physical therapy and corticoid steroid knee injections. The patient is TTD. The MTUS Guidelines do not discussed Synvisc (hyaluronic acid) knee injections. Therefore, we turned to ODG for further discussion. ODG Guidelines under its knee and leg chapter has the following regarding hyaluronic acid injections, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAID, or acetaminophen), to potentially delay the total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. ODG further states that study is assessing the efficacy of intraarticular injection of hyaluronic acid compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but hyaluronic acid was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. According to progress report 09/26/14, the patient continues to have bilateral knee pain with popping and clicking. Examination revealed extension 170 degrees, flexion 110 degrees, crepitation with range of motion and pain along the left knee. It was reported that the patient had an X-ray of the left knee (date of imaging unknown) which revealed 2mm articular surface. The treating physician recommended a series of three Synvisc injections for lubrication and a MRI of the left knee as there is clicking and popping. Progress report 01/02/15 states that the patient was unable to do the MRI due to a panic attack. The patient's treatment history includes a trial of corticoid steroid injections, but there is no indication that the patient has tried hyaluronic acid injections. In this case, the patient continues to have significant pain despite conservative measures and x-ray results showed loss of articular space. This request has been made in accordance with ODG guidelines and is medically necessary.