

Case Number:	CM15-0111038		
Date Assigned:	06/17/2015	Date of Injury:	08/03/2000
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 3, 2000. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve requests for x-rays for the bilateral knees and viscosupplementation injections to each of the right and left knee. The claims administrator referenced a RFA form received on May 28, 2015 and a progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing issues with bilateral knee arthritis. The note was very difficult to follow and not altogether legible. Physical therapy was apparently endorsed on this date. The applicant's work status was not clearly outlined. In a RFA form dated April 30, 2015, x-rays of the bilateral knees, viscosupplementation injection for the right knee under ultrasound guidance, and viscosupplementation injection to the left knee, also under ultrasound guidance, were proposed. In an associated progress note dated April 30, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee pain reportedly imputed to cumulative trauma at work. Symptoms of buckling, popping, giving way, and difficulty ambulating were reported. Topical crepitation was appreciated about the injured knees with diffuse tenderness and joint line swelling appreciated. The attending provider stated that the applicant had arthroscopic-confirmed bilateral knee arthritis. The attending provider stated that the applicant had had x-rays of the knee in January 2014 also demonstrating knee arthritis. Repeat knee x-rays were performed demonstrating joint space narrowing of 2- to 3-mm in range in multiple compartments, it was suggested. Viscosupplementation injection therapy was sought. The applicant was not working it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Bilateral Knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 13 Knee Complaints, page 341 and on the Non-MTUS, ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Knee Disorders, pgs 485-486 Roentgenograms (X-Rays) X-ray is the initial test for evaluation of most cases of knee pain. 283, 342, 438, 444-449.

Decision rationale: Yes, the request for x-rays of the bilateral knees was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 13, page 341 notes that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, here, however, the applicant had in fact completed conservative care, observation, physical therapy, earlier failed knee arthroscopies, etc. The Third Edition ACOEM Guidelines Knee Chapter notes that x-ray imaging is recommended as the test of choice for applicants with suspected knee osteoarthritis. While ACOEM Third Edition notes that obtaining a knee x-ray once is generally sufficient, ACOEM notes that it may be reasonable to obtain a second set of x-rays once a year after the baseline x-ray to reevaluate the applicant's condition, particularly if symptoms change. Here, the applicant presented on the date in question, April 30, 2015, reporting progressively worsening knee pain with associated buckling, popping, crepitation, etc. The x-ray imaging was apparently performed in the clinic and did demonstrate fairly pronounced arthritic changes with significant joint space narrowing in the 2- to 3-mm range, the treating provider reported. The x-ray imaging in question was, thus, indicated. Therefore, the request is medically necessary.

1 series of 3 Synvisc Injections to the right knee under ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Hyaluronic acid injections and Other Medical Treatment Guidelines 1. ACOEM Occupational Medicine Practice Guidelines, 3rd ed Knee Disorders, pg 687.

Decision rationale: Conversely, the request for a series of three Synvisc (viscosupplementation) injections to the right knee under ultrasound guidance is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Synvisc (viscosupplementation) injections. While the Third Edition ACOEM Guidelines Knee Chapter does support viscosupplementation injections in the treatment of moderate-to-severe knee osteoarthritis, as was/is present here, this recommendation is, however, qualified by commentary made both in the Third Edition ACOEM Guidelines and in the ODG Knee Chapter Hyaluronic Injections topic to the effect that viscosupplementation (Synvisc) injections are generally performed without fluoroscopic or ultrasound guidance. Here, the attending provider did not furnish a clear or compelling rationale for provision of the viscosupplementation

(Synvisc) injections under ultrasound guidance. Therefore, the request is not medically necessary.

1 series of 3 Synvisc injections to the left knee under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Hyaluronic acid injections and Other Medical Treatment Guidelines 1. ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Knee Disorders, pg 687

Decision rationale: Similarly, the request for Synvisc (viscosupplementation) injections to the left knee under ultrasound guidance is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does support viscosupplementation (Synvisc) injections in the treatment of knee osteoarthritis, as was/is present here, this recommendation is, however, qualified by commentary made both in the Third Edition ACOEM Guidelines Knee Chapter and in ODG's Knee Chapter Hyaluronic Acid Injections topic to the effect that intraarticular viscosupplementation injections are generally performed without fluoroscopic or ultrasound guidance. Here, the attending provider did not furnish a clear or compelling rationale for the ultrasound guidance component of the request in his handwritten progress note of April 30, 2015. Since the ultrasound guidance component of the request cannot be supported, the entire request, thus, is not indicated. Therefore, the request is not medically necessary.