

Case Number:	CM15-0173488		
Date Assigned:	09/15/2015	Date of Injury:	05/01/2014
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Family Practice

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 56 year old male, who sustained an industrial injury on 5-1-14. Medical record indicated the injured worker is undergoing treatment for lumbar strain with herniated disc, left knee derangement and ongoing patellofemoral complaints. Treatment to date has included 6 acupuncture treatments, physical therapy, injections, aqua therapy, oral medications including Cyclobenzaprine 10mg, Ibuprofen 800mg and Omeprazole 20mg. Documentation within the progress note states (MRI) magnetic resonance imaging of left knee performed on 10-10-14 revealed medial compartment inferior tear of the posterior horn of medial meniscus, smooth articular surfaces, slight to mild joint effusion and cruciate, collateral ligaments, quadriceps and patellar tendons were unremarkable. On 7-21-15 the injured worker complained of back and knee problems and on 7-28-15 the injured worker complains of low back pain with radiating to bilateral hips, both lateral thighs and over the lateral and posterior aspect of both calves into the feet; he also complains of left knee pain aggravated by standing or walking; he rates the pain 7-9 out of 10. He is temporarily totally disabled. Physical exam performed on 7-21-15 noted knee pain, back pain and radiating symptoms with crepitation and on 7-24-15 revealed bilateral paraspinous tenderness at L4-5 and L5-S1 with palpable muscle spasm and tenderness to palpation over the left piriformis muscle with restricted range of motion of lumbar spine. The treatment plan included transcutaneous electrical nerve stimulation (TENS) unit, (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies, pool therapy, Synvisc injection and refilling of medications. On 8-21-15, a request for authorization was submitted for 1 Synvisc injection to the left knee. On 8-26-15, utilization review non-certified a request for

one Synvisc injection noting there are no indications the injured is experiencing significantly symptomatic osteoarthritis or any failed conservative care. And the provided documentation does not indicate the medical necessity of the Synvisc injection as subjective symptoms were knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the left knee: 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 and Leg.

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

Decision rationale: The Official Disability Guidelines comment on the use of hyaluronic acid, also known as Synvisc, as a treatment modality. Synvisc is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Criteria 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; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, there is insufficient evidence that the patient's underlying cause of his knee pain is due to the effects of

osteoarthritis. The records indicate that the patient's primary condition in the knee is secondary to a meniscus injury. Without evidence of osteoarthritis, there is no justification for the use of hyaluronic acid (Synvisc). For this reason, an injection of Synvisc to the left knee is not considered as medically necessary.