MAXIMUS Federal Services

Case Number:	CM15-0074102		
Date Assigned:	04/24/2015	Date of Injury:	10/06/2006
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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: Indiana
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 injured worker is a 54 year old male, who sustained an industrial injury on 10/6/06. He reported left hip and knee. The injured worker was diagnosed as having left greater trochanter bursitis, left popliteal bursitis, left chondromalacia and history of left deep venous thrombosis. Treatment to date has included topical medications and physical therapy. Currently, the injured worker complains of left knee and hip pain. Physical exam noted moderate tenderness over the left greater trochanteric bursa, left knee crepitans, moderate patellar compression signs, tenderness to palpation over the lateral meniscus joint line and enlarged popliteal bursa. The treatment plan included continuation of topical medications, occasional use of Tramadol and injection of Synvisc-One in prepatella intraarticular area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the prepatellar bursa region with ultrasound guidance for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: 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 non-pharmacologic (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;. No documentation provided comments on if the patient was unsuccessful with other treatment non-pharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least months. 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 Ultrasound guided synvisc injections is not medically necessary.