

Case Number:	CM14-0142627		
Date Assigned:	09/10/2014	Date of Injury:	04/27/2011
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 4/27/11 while employed by the [REDACTED]. Request(s) under consideration include Synvisc Injection x 3 to Bilateral Knees. Diagnoses include right knee sprain/strain mild improvement. Report of 7/8/14 from the provider noted the patient is s/p previous epidural steroid injection and synvisc injections. ESI performed 5/20/14 (previous ESI on 4/16/13) provided 70% back and leg pain relief to date and previous synvisc injection of 1/27/14 had reduced knee symptoms, but has worn off now with increased pain. Exam showed decreased range in knees with use of cane for ambulation. Brief hand-written illegible report of 7/21/14 noted patient with bilateral knee pain. Exam showed antalgic gait; range-20-95 left and -10-95 right. Diagnoses included sprain/strain of C/S, L/S, right knee; rule out radiculopathy. Request(s) for Synvisc Injection x 3 to Bilateral Knees was non-certified on 8/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection x 3 to Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313

Decision rationale: This patient sustained an injury on 4/27/11 while employed by the [REDACTED]. Request(s) under consideration include Synvisc Injection x 3 to Bilateral Knees. Diagnoses include right knee sprain/strain mild improvement. Report of 7/8/14 from the provider noted the patient is s/p previous epidural steroid injection and synvisc injections. ESI performed 5/20/14 (previous ESI on 4/16/13) provided 70% back and leg pain relief to date and previous synvisc injection of 1/27/14 had reduced knee symptoms, but has worn off now with increased pain. Exam showed decreased range in knees with use of cane for ambulation. Brief hand-written illegible report of 7/21/14 noted patient with bilateral knee pain. Exam showed antalgic gait; range -20-95 left and -10-95 right. Diagnoses included sprain/strain of C/S, L/S, right knee; rule out radiculopathy. Treatment include with patient check for temporary total disability 6 wks. The request(s) for Synvisc Injection x 3 to Bilateral Knees was non-certified on 8/6/14. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request with diagnoses of knee sprain/strain. There were no recent x-ray studies presented or remarkable clinical findings consistent with any osteoarthritic changes to support for synvisc. Previous injections have not proven effective as the patient has unchanged functional impairment remaining TTD status. The Synvisc Injection x 3 to Bilateral Knees is not medically necessary and appropriate.