

Case Number:	CM13-0072754		
Date Assigned:	01/10/2014	Date of Injury:	02/06/2011
Decision Date:	06/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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:

The injured worker is a 34-year-old who reported an injury on February 6, 2011. The mechanism of injury is not provided in the clinical documentation. Per the clinical note dated November 12, 2013 the injured worker has persistent pain to bilateral knees that is aggravated with usual activities. There is tenderness to the lumbar spine from the mid to distal lumbar segments with muscle spasm and limited range of motion. The diagnoses reported for the injured worker include status post arthroscopy of bilateral knees, tear of left medial meniscus, lumbar spine pain, plantar fasciitis, and psychiatric issues. The request for authorization for medical treatment was dated December 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTIONS AS SERIES OF THREE FOR RIGHT 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 (ODG) Knee and Leg Chapter, Hyaluronic Acid Injections Section.

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

Decision rationale: The Official Disability Guidelines recommend Hyaluronic acid injections as a possible option for symptomatic severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs [non-steroidal anti-inflammatory drugs] or acetaminophen), or are intolerant of these therapies after at least three months; to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The injured worker must have documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; show less than 30 minutes of morning stiffness; have no palpable warmth of synovium; be over 50 years of age. In addition the injured worker must have failed to adequately respond to aspiration and injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications because the effectiveness of hyaluronic acid injections for these indications has not been established. There is a lack of documentation to support this request. There are no physical therapy notes provided and no indication of previous aspiration or steroid injections. In addition, the injured worker is only 34 years old and there is a lack of objective documentation regarding any bony enlargement, tenderness or crepitus. There is no recent x-ray submitted for review that demonstrates findings of osteoarthritis to warrant the proposed injections. The request for synvisc injections for right knee, series of three, is not medically necessary or appropriate.