MAXIMUS Federal Services

Case Number:	CM14-0109734		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2009
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 02/18/2009. The mechanism of injury involved a fall. The current diagnoses include lumbar spine spondylolisthesis with stenosis and radiculopathy, and left knee osteoarthritis. The injured worker was evaluated on 05/28/2014 with complaints of ongoing left knee pain with activity limitation. The injured worker currently utilizes an unloader brace. Previous conservative treatment also includes physical therapy, medication management, intra-articular steroid injections, and Synvisc injections. Physical examination revealed an antalgic gait, crepitus over the patellofemoral joint of the left knee, varus deformity, weakness, decreased range of motion, and positive straight leg raising. Treatment recommendations at that time included a Synvisc 1 injection. A request for authorization form was then submitted on 06/07/2014 for a Synvisc 1 injection.

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 left knee QTY 1: 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 (updated 6/5/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): pp. 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques are not routinely indicated. The Official Disability Guidelines state Hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. As per the documentation submitted, the injured worker has exhausted conservative treatment to include medication management, bracing, intra-articular steroid injections, and physical therapy. There is documentation of crepitus, tenderness to palpation, and limited range of motion upon physical examination. However, it is noted that the injured worker was previously treated with a Synvisc injection. There is no documentation of objective functional improvement for 6 months or more following the initial series of injections that would warrant the need for a repeat series. Therefore, the request is not medically necessary.