

Case Number:	CM14-0132298		
Date Assigned:	08/22/2014	Date of Injury:	08/20/2011
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 08/20/2011; the mechanism of injury was not indicated. The injured worker had diagnoses including plantar fibromatosis, lumbar and lumbosacral disc degeneration and tear of the medial meniscus of the knee. Prior treatment included a cortisone injection on 06/10/2014 to the right knee, which provided 10 percent relief, an epidural steroid injection in 12/2013, and physical therapy, which improved, ranged motion. Diagnostic studies included an MRI of the lumbar spine dated 08/03/2013, an MRI of the right knee dated 01/11/2013 which revealed anteroposterior and coronal grade 1 sprain, there was slightly increased intrasubstance signal intensity within the lateral and medial meniscus, likely representing intrasubstance degenerative change, no definite grade 3 signal intensity reaching an articular surface or finding meeting MR images criteria for meniscal tear, and an MRI of the right knee which was performed on 08/08/2013 and revealed a small medial meniscal tear, a mild sprain of the anterior cruciate ligament, and no acute injuries. The injured worker underwent a right knee arthroscopic partial medial meniscectomy, chondroplasty of the patella, and excision of snapping synovial plica on 01/17/2014. The clinical note dated 07/01/2014 noted the injured worker had satisfactory relief of preoperative symptoms status post right knee surgery on 01/17/2014. The injured worker had a normal gait and toe and heel walk was within normal limits. The clinical note dated 07/29/2014 noted the injured worker had pain rated 7-8/10, which radiated to the leg, below the knee. The physician noted the injured worker had 10% pain relief with a prior cortisone injection. The physician recommended 3 Synvisc injections. Medications included tramadol and duexis. The physician was requesting Synvisc Injections to the Right Knee, Series of 3. The rationale for the request was to lessen her pain and improve her function, particularly her range of motion of right

knee and continue current medication the request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections to the Right Knee - Series of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/05/14); regarding Hyaluronic acid Injections; Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Hyaluronic acid injections.

Decision rationale: The request Synvisc Injections to the Right Knee - Series of 3 is not medically necessary. The injured worker attended physical therapy and received a cortisone injection to the right knee, which provided the injured worker 10% relief. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment such as exercise, NSAIDs, or acetaminophen after at least 3 months. Hyaluronic acid injections are recommended for patients experiencing significantly symptomatic osteoarthritis. There must be documentation of symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and no palpable warmth of synovium. The pain must interfere with functional activities and not be attributed to other forms of joint disease. There must be failure to adequately respond to aspiration and injection of intra-articular steroids, and it is generally performed without fluoroscopic or ultrasound guidance. There is a lack of documentation indicating the injured worker has significantly symptomatic severe osteoarthritis with findings including bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, and no palpable warmth of synovium. Within the provided documentation, the requesting physician did not include a recent, complete assessment of the injured worker's right knee therefore; the request is not medical necessary.