

Case Number:	CM14-0040443		
Date Assigned:	06/20/2014	Date of Injury:	07/18/2007
Decision Date:	08/11/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 44-year-old female who reported an injury on 07/18/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 03/07/2014 indicated diagnoses of lower leg pain and ankle/foot joint pain. The injured worker reported severe right knee pain and right ankle pain. The injured worker reported inability to walk long distance and reported she ambulated with the use of a cane or crutches most often. The injured worker reported limited activities and functionality due to pain. The unofficial x-ray dated 08/07/2013 indicated bilateral osteoarthritis, right side worse than left. On physical examination of the right knee, the injured worker had decreased range of motion with passive range of motion due to pain, increased edema, and warmth. The physical exam also revealed valgus and crepitus of the right knee. The injured worker's sensory exam was decreased on the right lateral aspect. The injured worker reported she had previously failed steroid injections, Flector patches, and NSAID therapy; however, she reported some benefit with aqua therapy and medication. The clinical note dated 03/10/2014 indicated the injured worker had a right knee Synvisc injection with ultrasound. On 03/26/2014 she had the second of 3 Synvisc injections, and on 04/20/2014 she had the third. The injured worker's prior treatments included diagnostic imaging, physical therapy, Synvisc injections (series of 3), and medication management. A Request for Authorization dated 03/10/2014 was submitted for 1 series of Synvisc injections for the right knee. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 3 Synvisc injections for the right knee: Overturned

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 (Acute & Chronic): Hyaluronic acid injections.

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, Synvisc, (Hylan).

Decision rationale: The Official Disability Guidelines states Synvisc is recommended as an option for osteoarthritis. The guidelines recommend hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. No maximum established by high quality scientific evidence. The injured has bilateral osteoarthritis of the knees. In addition she has tried and failed steroid injections, Flector patches, and NSAID therapy and physical therapy. The injured worker would benefit from the Synvisc injections. Therefore, 1 Series of 3 Synvisc injections for the right knee is medically necessary.