

Case Number:	CM14-0175133		
Date Assigned:	10/28/2014	Date of Injury:	04/14/2010
Decision Date:	12/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old female with an industrial injury dated 04-14-2010. A review of the medical records indicates that the injured worker is undergoing treatment for right knee internal derangement, left knee posttraumatic arthritis with knee revision x2, left hamstring avulsed and incompetent from falls and tears, right hamstring string partial tear, lumbar degenerative disc disease and degenerative joint disease with sprain, and left lower extremity sciatica. In a progress report dated 07-24-2014, the injured worker reported right knee improvement with Synvisc. The pain level was decreased from 7 out of 10 to 1-2 out of 10. Objective findings (07-24-2014) revealed crepitation of right knee flexion and extension. According to the progress note dated 10-13-2014, the injured worker contused her right knee with a fall approximately a week prior to visit and further injured her neck, back and shoulders. The injured worker current chief complaints include right elbow, right shoulder, left knee pain and instability and right knee pain. The injured worker pain ranges from 2-6 out of 10. The pain is increased with activities and she has had multiple falls due to unstable knee. Objective findings (10-13-2014) revealed right knee tenderness. Treatment has included multiple prescribed medications, Synvisc Injection right knee, and periodic follow up visits. The utilization review dated 10-22-2014, non-certified the request for Synvisc Injection right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter knee and leg: Hyaluronic 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 Chapter/Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation if the criteria in the ODG have been established to warrant this treatment. The request for Synvisc Injection right knee is determined to not be medically necessary.