

Case Number:	CM14-0186520		
Date Assigned:	11/14/2014	Date of Injury:	02/14/2009
Decision Date:	01/22/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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 Rehab and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 02/14/2009. The mechanism of injury was a trip and fall. Her diagnoses included status post right hip arthroscopy, right hip osteoarthritis, and obesity. Past treatments included medications and an exercise program. Her surgical history included a right hip arthroscopy performed on 10/28/2014. On 10/01/2014, the injured worker complained of constant neck pain rated at a 7/10 which radiates to the bilateral upper extremities. She also reported right hip pain rated at a 6/10 with numbness and tingling in the toes. She also complained of constant left knee pain rated at a 4/10. The physical examination was noted to reveal tenderness to palpation in the bilateral trapezius and levator scapula. The examination of the right hip revealed tenderness to palpation, positive internal and external rotation, range of motion decreased by 50%, positive faber test on the right, and motor strength decreased at 4/5. Her current medications included Norco, Tylenol #3 and Lunesta. The treatment plan included continuation of cardio, reduced calorie diet, home exercise program, and a recommendation of right hip injection. A request was received for Synvisc injections to the left knee once per week for 3 weeks. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections to the left knee once per week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

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, Hyaluronic acid injections

Decision rationale: The request for Synvisc injections to the left knee once per week for three weeks is not medically necessary. 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 treatments and they should have documented symptomatic severe osteoarthritis of the knee, which may include the following bony enlargement, bony tenderness, or crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium and be over 50 years of age. There should be documentation of pain that interferes with functional activities and a failure to respond to an aspiration and injection of steroids. The clinical notes indicate the injured worker complained of constant knee pain and gets 60% relief with her current medications. However, there was a lack of documentation of a failure of conservative care to support the need for Synvisc injections to the knee. In the absence of documentation indicating failed conservative treatment, the request is not supported. Therefore, the request is not medically necessary.