

Case Number:	CM14-0188877		
Date Assigned:	11/19/2014	Date of Injury:	12/24/2009
Decision Date:	02/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 12/24/2009 after slipping and falling at work. She was diagnosed with pelvic joint pain, knee meniscal tear, and knee osteoarthritis. X-ray from 8/4/11 showed moderate medial compartment arthritis of the right knee. She was treated with right knee arthroscopy/menisectomy, knee brace, cane, physical therapy, chiropractor treatments, Synvisc injection to right knee (5/5/14), cortisone injection to right knee (7/22/14), and work modifications. On 9/3/14, the worker was seen by her treating physician. The progress note from that date recounted the exact same history of present illness from prior months, stating bilateral knee pain, and an "injection" helping her for only 2 weeks duration. The Physical examination revealed BMI 30, right knee: mild lateral patellar facet tenderness, medial joint line tenderness, lateral joint line tenderness, slight laxity medial collateral ligament, pain with varus standing, negative drawer signs, and Lachman's negative. She was then recommended another Synvisc injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, 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 section, Hyaluronic acid injections

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there appeared to be insufficient documentation from the notes provided for review following the prior Synvisc injection to the right knee on 5/5/14 to show measurable functional improvements to help justify a repeat injection in the same knee. Without this documented report of benefit, the repeat Synvisc to the right knee will be considered medically unnecessary.