

Case Number:	CM14-0196537		
Date Assigned:	12/04/2014	Date of Injury:	11/15/2007
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

This 69 year old female sustained an injury on November 13, 2007. The mechanism of injury and prior treatments, other than a home exercise program, are not included in the provided medical records. On July, 7, 2014, the primary treating physician noted the injured worker complained of right knee pain with popping. The pain was rated 8 out of 10 and increased with range of motion. The pain was alleviated with rest, medications, and a home exercise program. The physical exam revealed grinding and crepitus of the right knee, no laxity, and increased pain with McMurray's. The physician noted the results of a magnetic resonance angiography (MRA) revealed tears of the anterior and posterior horn of the lateral meniscus (AHLM and PHLM), and a thickened medial collateral ligament (MCL). X-rays of the right knee revealed mild to moderate osteoarthritis in one compartment and moderate in a second compartment. Diagnoses included right knee status post PFA (patella-femoral arthralgia), chondromalacia patellar. The physician recommended acupuncture for the right knee with the goal of increasing function, mobility, and activities of daily living (ADLs), and decreasing the pain level and medication use. In addition, the physician recommended 3 synvisc injections to the right knee given the x-ray findings of right knee osteoarthritis. The injured worker was to continue her home exercise program and start an oral pain medication. The work status was permanent and stationary. On November 11, 2014 Utilization Review non-certified a request for Synvisc injection x3 (6ml/48mg total) of the right knee. The Synvisc was non-certified based on lack of documentation of the appropriate indication of severe osteoarthritis for treatment, failed conservative care, and the results of weight bearing x-rays were not referenced. The Official Disability Guidelines (ODG), Knee & Leg (updated (10/27/14): Hyaluronic acid injections were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection times 3 (6ml/48mg Total), Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, 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) Lower Extremity Complaints, Treatment Consideration.

Decision rationale: Synvisc Injection times 3 (6ml/48mg Total), Right Knee is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records do not document that the patient has not adequately responded or has a contraindication to standard pharmacological treatments including anti-inflammatories; therefore the request is not medically necessary.