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| Case Number: | CM14-0198829 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 02/05/2010 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Medicine and is licensed to practice in Texas. 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 64 year old woman sustained an industrial injury on 2/5/2010 after pushing a gate closed and feeling a pop in her left Achilles area. Treatment has included steroid injections in the Achilles's tendon area, Achilles's tendon repair March 2012, physical therapy for her shoulder, TENS unit, home exercise program, and oral medication. On 8/28/2014, [REDACTED] noted that the worker has had one cortisone injection in the past and experienced pain relief for one month. Physical exam shows a limp with the left leg, decreased range of motion, diffuse pain in the knee, crepitus and grind sign. The shoulder showed a mild decrease in range of motion with scapula dysfunction. It is noted that the worker has a history of left knee pain with chondromalacia and medial meniscus tear. The 5/14/2014 MRI of the left knee showed medial compartment cartilage wear and medial meniscus tear. A cortisone shot was documented as being administered on this visit. Recommendations include a request for a hyaluronic acid injection, and formal physical therapy of the knee, or arthroscopy if therapy is not authorized. The worker is not able to work. The patient was hesitant to get repeat cortisone injections because of the effect on her diabetes. On 10/29/2014, Utilization Review evaluated a prescription for Synvisc injection. The UR physician noted that the worker had success with a past cortisone injection. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection: Overturned

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) Pain, Knee and Leg

Decision rationale: The CA MTUS did not address the use of hyaluronic acid injections for the treatment of osteoarthritis. The ODG guidelines recommend that injection of hyaluronic acid derivatives can be utilized for the treatment of severe osteoarthritis when conservative treatments with medications and PT. The records show that the patient had subjective, objective and radiological findings consistent with severe left knee arthritis. There was significant pain relief with steroid injections but repeat injections of steroid can adversely affect the co-existing diabetes. The Synvisc injection is being utilized as a bridge before surgical options in compliance with ODG guidelines. The criteria for Synvisc injection was met.