

Case Number:	CM14-0200183		
Date Assigned:	12/10/2014	Date of Injury:	05/27/2000
Decision Date:	01/26/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, and is licensed to practice in California. 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 44 year old female with a date of injury of 5/27/2000. The mechanism of injury was not indicated. The notes from the orthopedic surgeon were dated from 2/10/2014 to 11/20/2014. She is working with restrictions, total disability pending knee replacement. The injured worker presented with continued stiffness, swelling, pain and limited range of motion in both knees, right more than left per 7/21/2014 note. Diagnoses included degenerative disc disease of left knee, meniscus tear medial left knee, chondromalacia left patella, and she was awaiting knee replacement authorization for right knee, which had been denied. The note indicated that an MRI dated 9/3/2014 showed marked arthritic changes of the right knee. It also stated there had been no benefit from non-steroidal anti-inflammatory drugs, non-narcotic analgesics, corticosteroid injections or Viscosupplementation with hyaluronic acid. The note dated 11/20/2014 indicated consistent slight varus deformity, trace effusion, slight extension lag but improved mobility, motion, function and gait. The injured worker used a cane, a knee brace and walked with a limp. Per 11/20/2014 note, repeated Synvisc injections were administered to the left knee again. (previously done in March). Medications included Hydrocodone, Voltaren gel and Tramadol/APAP. The Utilization Review dated 11/20/2014 non-certified 3 Synvisc Hylan injections to the right knee. Per the UR, records showed the injured worker had had a series of Synvisc Hylan injections in the right knee in 2013 with documentation that she had a history of no benefit at all to speak of in the right knee as a result of Viscosupplementation with Hyaluronic acid injections. In addition, the UR stated that the provider applied this failed therapy as one of the reasons for requesting a right knee replacement. Per the UR, repeat injections are only reasonable when there is documented evidence of significant improvement in symptoms for 6 months or more as a result of the previous series of injections. Per the UR, although there are conflicting reports on the injured worker's benefits from prior injections of the

right knee, both reports lack documented evidence of the required 6 month period of significant relief as a result of the injection series defined by ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Hylan Injections times 3 to the 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, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee, Hyaluronic Acid Injections

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc hyaluronic injections times three to the right knee are not medically necessary. The criteria for hyaluronic acid injections are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, if documented significant improvement in symptoms for six months or more, and symptoms recur, may be reasonable to do another series; patients experience significant symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (exercise) and pharmacologic treatment or are intolerant to these treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella; facet joint arthropathy; osteochondral and his desiccant's; or patellofemoral arthritis, or patellofemoral syndrome. In this case, the injured worker's working diagnosis is degenerative joint disease knee left. The treatment plan states the injured worker had good benefit from hyaluronic acid injections in the left knee but no benefit to speak of in the right knee with similar injections. The guidelines indicate if documented significant improvement in symptoms for six months or more and symptoms recur it may be reasonable to do in the series. The injured worker did not have adequate results in the right knee. Additionally, there is no diagnosis referring to the right knee. Consequently, absent the appropriate clinical documentation and pursuant to the guideline recommendations, Synvisc hyaluronic injections times three to the right knee are not medically necessary.