MAXIMUS Federal Services

Case Number:	CM15-0000379		
Date Assigned:	01/09/2015	Date of Injury:	08/21/2012
Decision Date:	03/31/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male with a reported date of injury on 08/21/2012. The mechanism of injury is not provided for review. The injured worker's diagnoses include chondromalacia of the patella, complete rupture of the anterior cruciate ligament of the right knee, bucket handle tear of the medial meniscus of the right knee, knee degenerative joint disease/osteoarthritis, MCL strain, and LCL strain. The only clinical documentation provided for review is a Request for Authorization form dated 11/18/2014 that was requesting Synvisc injection (1 injection per week for 3 conservative weeks) for the right knee. There were no clinical notes outlining symptomatology, objective examination findings, or patient history provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Synvisc injections x3 (1 injection per week for 3 weeks) for 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 (ODG) Knee & Leg (Acute and Chronic) 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, Hyaluronic acid injections.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address hyaluronic acid injections; however, the Official Disability Guidelines state that hyaluronic acid injections may be recommended in patients who have been diagnosed with significantly symptomatic osteoarthritis and who have not responded adequately to recommended conservative nonpharmacological and pharmacological treatments for at least 3 months and the patient is over 50 years of age. In addition, there should be documentation that the pain interferes with functional activities and there should be documentation that the injured worker had failed to adequately respond to aspiration and injection of intra-articular steroids. Furthermore, the Official Disability Guidelines continue to state that a repeat series of injections is only appropriate if there is documented significant improvement in symptoms for 6 months or more. There is a lack of clinical documentation provided demonstrating that the patient has both objective exam findings and symptomatology that would support the diagnosis of osteoarthritis. Additionally, there is a lack of documentation provided indicating that the patient had attempted an adequate amount of conservative treatment to include aspiration and injection of intra-articular steroids. Furthermore, as this is a request for repeat injection, it remains unclear when the prior injections were provided and whether these injections provided significant improvement in symptoms for at least 6 months. As such, the request for repeat Synvisc injections x3 (1 injection per week for 3 weeks) for the right knee is not medically necessary.