

Case Number:	CM15-0018386		
Date Assigned:	02/06/2015	Date of Injury:	08/16/2013
Decision Date:	04/17/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 66-year-old male, who sustained an industrial injury on 8/16/13. The injured worker has complaints of left knee pain on 2/12/15. Physical examination of the left knee revealed tenderness on palpation. He has left knee tenderness to the thoracolumbar spine with limited range of motion and bilateral mild rotator cuff tenderness. The diagnoses have included mild tendinitis, bilateral shoulder, chronic sprain and bilateral wrist rule out carpal tunnel syndrome. Treatment to date has included physical therapy with no benefit; injections in the past with minimal benefit and anti-inflammatory medications with very temporary relief. The PR2 dated 12/30/14 noted that it was recommended that the injured worker has a total knee arthroplasty as he has failed conservative measures. The injured worker would like to think about the surgery and will let the doctor know when he would want the surgery. The documentation noted that the injured worker would like another set of synvisc injections that he had good pain relief for 3-4 months with his last set of injections. The medication list include Tramadol, naproxen and voltaren gel. The patient has had Synvisc injections in the past. The patient has had MRI of the left knee that revealed degenerative changes, joint space narrowing and meniscus tear. Patient has received an unspecified number of PT visits for this injury. The patient sustained the injury when he struck a chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections to the left knee QTY 3: 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 & 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 & Leg (updated 02/27/15) Hyaluronic acid injections.

Decision rationale: Request: Synvisc injections to the left knee QTY 3 California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement." A detailed physical examination of the left knee spine was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non-pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The patient has received Synvisc injections in the past. The detailed response to the previous Synvisc injections were not specified in the records provided. The medical necessity of the request for Synvisc injections to the left knee QTY 3 is not fully established in this patient.