MAXIMUS Federal Services

Case Number:	CM15-0138191		
Date Assigned:	07/28/2015	Date of Injury:	09/01/2012
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 46 year old female, who sustained an industrial injury on September 1, 2012, incurring left knee and shoulder injuries. She was diagnosed with internal derangement of the left knee, chondromalacia, and medial meniscus tear and shoulder sprain. She underwent a left knee arthroscopy and debridement and chondroplasty in November, 2014. Treatment included physical therapy, pain medications, left shoulder arthroscopy, steroid injections and activity modifications. Currently, the injured worker complained of constant pain in the left knee aggravated by kneeling, climbing stairs, walking and prolonged standing. The injured worker noted swelling and buckling of the left knee. The treatment plan that was requested for authorization included three Synvisc injections for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections, three for the left 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 Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: Synvisc is a high molecular weight hyaluronan. MTUS is silent regarding the use of synvisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of synvisc injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months.- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Failure to adequately respond to aspiration and injection of intra-articular steroids. There is no medical documentation provided that indicate if the patient was unsuccessful with other treatment non-pharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months. The medical documentation do not indicate subjective complaints or objective findings to meet the symptoms outlined in the above guidelines. As such, the request for Synvisc Injections, three for the left knee is not medically necessary.