MAXIMUS Federal Services

Case Number:	CM15-0147398		
Date Assigned:	08/10/2015	Date of Injury:	12/23/2009
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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, North Carolina
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 53-year-old female who sustained an industrial injury on 12-23-09 when she slipped and experienced left sided pain. An MRI of the lumbar spine revealed discogenic disease from L3 to S1 and MRI of the left knee showed tricompartmental arthritis. She currently complains of pain in the right knee with activity. On physical exam of the right knee there was tenderness to palpation, patellofempral crepitation with range of motion lumbar spine there was moderate spasm. She uses a cane to ambulate. Medications were ibuprofen, Norco, Flexeril, Terocin, and Cymbalta. Diagnoses include status post left knee arthroscopy (12-23-10); degenerative arthritis , low back; chronic lumbosacral sprain; degenerative arthritis, left knee, status post total knee replacement (2-11-13), status post manipulation under anesthesia (4-25-13); right knee osteoarthritis; right knee chondromalacia; internal derangement right knee. Treatments to date include medications; sacroiliac joint injection on the right (7-16-14). Diagnostics include MRI of the right knee (4-29-14) showing chrondromalacia, osteoarthritis, small joint effusion. In the progress note dated 6-24-15 the treating provider's plan of care included a request for one Synvisc to see if that will alleviate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee synvisc, one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg (hyaluronic acid injection).

Decision rationale: CA MTUS/ACOEM does not address. ODG states hyaluronic acid injections (HAI) are recommended as an option for patients with osteoarthritis (OA) who have not responded adequately to conservative treatment. In this case, the diagnosis of OA has been established in the past, however the patient has improved with NSAIDs, corticosteroid joint injections and arhtroscopic procedures. Therefore, the OA has improved, and the HAI injections are no longer medically necessary or appropriate.