

Case Number:	CM15-0181536		
Date Assigned:	09/29/2015	Date of Injury:	08/15/2011
Decision Date:	11/06/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 08-15-2011. The injured worker is currently able to work full duty. Medical records indicated that the injured worker is undergoing treatment for left knee internal derangement, rule out tri-compartmental degenerative joint disease, status post surgery times 2, and rule out lumbosacral radiculopathy. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Tylenol #4. After review of progress notes dated 05-11-2015 and 08-24-2015, the injured worker reported left knee pain with swelling, crepitus, and buckling. Objective findings included limited range of motion with effusion and crepitus. Progress note dated 05-11-2015 noted "new MRI positive for meniscus tear" and 08-24-2015 note stated "lack of full extension-worse since last visit". The request for authorization dated 08-24-2015 requested Synvisc one left knee injection for tri-compartmental degenerative joint disease, authorization for today's visit, Tylenol #4, and follow up. The Utilization Review with a decision date of 09-03-2015 modified the request for left knee Synvisc injections to left knee Synvisc injections-series of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 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 Chapter/Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections is beneficial for osteoarthritis is inconsistent. In this case, the injured worker has been diagnosed with arthritis of the left knee that is unresponsive to conservative treatments and two arthroscopic surgeries, therefore, the request for left knee Synvisc injections is determined to be medically necessary.