

Case Number:	CM15-0183239		
Date Assigned:	09/24/2015	Date of Injury:	02/07/2000
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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 74 year old female, who sustained an industrial injury on 2-07-2000. The injured worker was diagnosed as having tear of medial cartilage or meniscus of knee, current, and unspecified internal derangement of knee. Treatment to date has included diagnostics, physical therapy, left partial knee replacement in 2009 with subsequent debridement, viscosupplementation, psychological treatment, and medications. Documents within the submitted medical records were handwritten and difficult to decipher. An Orthopedic Surgery Consultation (6-04-2015) noted prior treatment as including "Synvisc injections into her left knee in the past". Currently (7-22-2015), the injured worker complains of bilateral knee pain, left rated 8-10 out of 10, and right rated 8 out of 10. Pain was increased with standing or walking greater than 15 minutes. Objective findings noted a healed surgical incision over the left knee, 2+ deep tendon reflexes, and crepitus. Current medication regimen was not noted. She was not working. The progress note dated 6-17-2015 referenced relief with Synvisc injections in 12-2014. Radiographic imaging reports were not submitted. The treatment plan included a series of 3 Synvisc injections for the left knee, non-certified by Utilization Review on 8-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 synvisc injections 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 and Leg, Acute and Chronic, Synvisc.

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 MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are: 1) Severe osteoarthritis: Fails criteria. Patient has reported chondromalacia and meniscus tear post partial knee replacement. 2) Failure to adequately respond to steroid injection. Fails criteria. There is documentation of prior injections but no results of these injections were documented. 3) Failure of pharmacologic and conservative therapy. Documentation fails to meet this criteria. Provider has failed to provide documentation of medications and prior pharmacologic therapy. 4) Patient has had Synvisc injections in the past. There is no measures of any objective improvements or length of improvements of these injections documented. Patient fails multiple criteria to recommend Synvisc injection. Synvisc injection is not medically necessary.