MAXIMUS Federal Services

Case Number:	CM15-0186939		
Date Assigned:	09/28/2015	Date of Injury:	06/13/2015
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 6-13-2015. She reported right knee pain and foot injury from a trip and fall. A right knee MRI obtained on 7-24- 15, revealed "tricompartmental osteoarthrosis, lateral collateral ligament sprain with marrow edema, and a 6mm loose body most likely a separated osteophyte". X-ray imaging of the knee was noted to be negative for fracture. Diagnoses include possible meniscus tear, right knee, right knee osteoarthritis, and probably right foot metatarsophalangeal joint sprain. The records documented a previous history of gastric bypass therefore avoiding NSAID use. Treatments to date include activity modification, knee brace and cast walker, ice-heat treatments, Percocet, and a cane for ambulation. Currently, she complained of ongoing right knee pain, associated with clicking, catching, a feeling the knee is unstable. On 8-17-15, the physical examination documented decreased range of motion with pain in the right knee. The provider documented a previous history of a cortisone allergy thereby making her a poor candidate for a therapeutic cortisone injection. The appeal requested authorization for a series of three (3) Synvisc hyaluronic acid injections to the right knee, per an order dated 8-17-15. The Utilization Review dated 9-1-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc hyaluronic acid injections, right knee Qty:3: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury on 06/13/15 and is being treated for right knee pain after falling when, while working as a bus driver, she tripped over a seatbelt. An MRI of the knee in July 2015 included findings of Grade 3 cartilage loss and tricompartmental osteoarthritis. The claimant has a history of corticosteroid allergy. Treatments have included a knee brace and cast walker. On 06/15/15 six physical therapy sessions were requested. When seen on 08/17/15, she was having clicking, catching and the sensation of instability. There was mild swelling and decreased range of motion and joint line tenderness. Synvisc injections are being requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to antiinflammatory medications) after at least 3 months. In this case, although the claimant was referred for physical therapy, treatments are not documented. When requested she was less than 3 months status post injury. The requested series of injections is not considered medically necessary at the time of the request.