

Case Number:	CM15-0190296		
Date Assigned:	10/02/2015	Date of Injury:	01/06/2009
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: New Jersey

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:

This is a 61 year old female with a date of injury of January 6, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee osteoarthritis. Medical records dated March 10, 2015 indicate that the injured worker complained of bilateral knee pain. Records dated April 14, 2015 indicate that the injured worker tolerated the first Synvisc injection to the left knee well. A progress note dated May 12, 2015 documented complaints of increased pain in left knee since second Synvisc injection, left knee pain rated at a level of 6 to 7 out of 10, and right knee pain rated at a level of 6 to 7 out of 10. The physical exam dated March 10, 2015 reveals tenderness of the bilateral knees, positive crepitus, decreased range of motion, positive McMurray's, positive grind, and an antalgic gait with use of a cane. The progress note dated May 12, 2015 documented a physical examination that showed tenderness to the lateral joint line of the bilateral knees, decreased range of motion of the bilateral knees, positive patellar grinding, and mild antalgia. Treatment has included Synvisc injections and left knee surgery (2012). The original utilization review (August 28, 2015) non-certified a request for Synvisc injections for the right and left joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections to right and left knee Qty: 1 each knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. In addition, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there was record of having had previous injections of Synvisic, but with a vague report of pain increasing after one injection, and later there was a statement of the worker tolerating the injections. There was no report of functional gain related to these injections to help justify another injection in each knee joint. In addition, as the previous reviewer stated, there was no documents provided for review, which shows the severity of the arthritis to learn if these injections were justified before this request. Therefore, considering the above reasons, this request is not medically necessary.