

Case Number:	CM15-0190479		
Date Assigned:	10/02/2015	Date of Injury:	12/15/1995
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
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: Texas, California

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 53 year old female patient, who sustained an industrial injury on 12-15-1995. The diagnoses include bipartite patella - right knee, internal derangement of knee - right knee; knee pain - right knee and s/p right THA. Per the doctor's note dated 09-16-2015, she had complaints of moderate right knee pain which was tolerable. She would occasionally use pain medication stronger than aspirin. Pain was noted to be worse over anterior aspect of the knee. Pain was also noted after prolonged sitting and transitioning from sitting to standing position and intermittent pain with walking was noted as well. The physical examination revealed right hip- 120 degrees of flexion and 70 degrees of external rotation in flexion without pain; right knee-tenderness to palpation over the lateral aspect of joint line and 130 degrees of flexion and 0 degrees of extension. The current medications were listed as Advil. She has had a right knee MRI on 06/19/2015 which revealed normal menisci, cruciate and collateral ligaments, variant bipartite patella, fluid present in synchondrosis and no articular cartilage seen over the fragment. Her surgical history includes right THA on 12/4/2008, left knee arthroscopy in 2006, right hip core decompression surgery in 1996 and right knee arthroscopy in 1994. Treatments to date include medication, rest and ice. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was dated 09-21-2015 for one Synvisc injection to the right knee was submitted. The UR submitted for this medical review indicated that the request for one Synvisc injection to the right knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One synvisc injection to the right 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections:" Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; "Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age." Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; "Failure to adequately respond to aspiration and injection of intra-articular steroids". Evidence of significantly symptomatic osteoarthritis in the right knee is not specified in the records provided. Prior diagnostic imaging of the right knee showing significant osteoarthritis is not specified in the records provided. Failure to previous conservative therapy for the right knee is not specified in the records provided. Intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. The request for One synvisc injection to the right knee is not medically necessary or fully established in this patient at this time.