MAXIMUS Federal Services

Case Number:	CM15-0197188		
Date Assigned:	10/12/2015	Date of Injury:	05/03/2010
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on May 3, 2010. She reported injury to her right knee and left wrist. The injured worker was diagnosed as having right knee meniscal tear, right knee patellofemoral chondromalacia and status post right knee operative arthroscopy with residual pain from 02-02-2011. Treatment to date has included diagnostic studies, medication, right knee surgery, corticosteroid injection, acupuncture and physical therapy. On August 24, 2015, the injured worker complained of significant pain in her right knee. She reported that due to her altered way that she walks, she has developed pain in her lumbar spine. She reported continued control of her symptoms with Relafen and Prilosec medication. Notes stated that she has undergone a corticosteroid injection to the right knee but she continues to have pain. Physical examination of the right knee revealed mild effusion and tenderness to palpation at the medial joint line, lateral joint line and medial and lateral patellar facets. There was patellofemoral crepitus as well as medial femorotibial crepitus. Range of motion was from 0 to 115 degrees. She had 4 out of 5 strength in her quadriceps and hamstrings. The treatment plan included Synvisc injections. On September 23, 2015, utilization review denied a request for right knee Synvisc times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Synvisc time three (x3): 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), Knee and Leg Chapter - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, Hyaluronic acid injections.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Right knee Synvisc time three (x3). The treating physician report dated 8/24/15 (29B) states, "She has already undergone a corticosteroid injection to the right knee. She did obtain excellent but temporary pain relief. She is using non-steroidal anti-inflammatories but continues to have pain. She has undergone physical therapy for the right knee. The patient does have crepitus with range of motion. She is over the age of 50. She has effusion present. She has difficulty with ambulation." We are going to request authorization for right knee Synvisc injection x3. MTUS is silent on Synvisc injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The ODG guidelines go into further detail for the criteria of Hyaluronic acid injections and state that an injection is not recommended if the patient: "Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." In this case, the patient is status post right knee arthroscopy and there is no documentation in the medical reports provided that the patient is a candidate for total knee replacement. Furthermore, while there is documentation of mild degenerative changes in the right knee, Hyaluronic acid injections are only recommended for the treatment of severe osteoarthritis. The current request does not satisfy the ODG guidelines as outlined in the "Knee & Leg" chapter. The current request is not medically necessary.