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| Case Number: | CM15-0205860 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 02/24/2011 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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: North Carolina
 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:

The injured worker was a 54 year old female, who sustained an industrial injury, February 24, 2011. The injured worker was undergoing treatment for left knee with progressive osteoarthritis, bilateral knee industrial injury, medial meniscal tear with osteoarthritis of the left knee, status post arthroscopic surgery of the left knee with progress collapse and loss of joint space, left knee medial compartment and right knee chondromalacia and meniscal tear. According to progress note of September 22, 2015, the injured worker's chief complaint was left knee pain. The injured worker rated the pain at 6 out of 10. The injured worker was unable to walk, sit for a long time, squat, kneel or do any activities involving effort of the left knee. The left was swelling, giving way, restless leg syndrome and radiating pain. The physical exam noted medial joint line tenderness. Range of motion of the left knee was 0-115 degrees with pain in the left knee medial compartment range of motion. Repeat x-rays were taken at this visit and noted complete collapse of the medial compartment of the left knee with severe end-stage degeneration and osteoarthritis. The treating physician felt the Viscosupplement or Kenalog injection would give some relief and the injured worker would ultimately need a left knee replacement. The injured worker previously received the following treatments Flexeril, Naproxen, Tramadol, left knee arthroscopic surgery in 2012, left knee unloader brace, and left knee x-rays on March 31, 2015 and psychological evaluation. The RFA (request for authorization) dated September 29, 2015; the following treatments were requested one Synvisc injection for the left knee. The UR (utilization review board) denied certification on October 12, 2015; for one Synvisc injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection 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 ACOEM Chapter 7 Independent Medical Examinations, page 127; 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 Official Disability Guidelines (ODG) hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of moderate to severe osteoarthritis that has failed conservative treatment, however documentation shows is a candidate for TKA and therefore the request is not medically necessary.