

Case Number:	CM15-0206788		
Date Assigned:	10/23/2015	Date of Injury:	05/12/2010
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 39 year old male, who sustained an industrial injury on 5-12-10. Medical records indicate that the injured worker is undergoing treatment for a lumbosacral sprain-strain, status-post right knee arthroscopic surgery and adjustment disorder with mixed anxiety and depressed moods. The injured worker was noted to be temporarily totally disabled. On (9-3-15) the injured worker complained of right knee pain rated 2-3 out of 10 on the visual analog scale. The pain increased to 6 out of 10 with activity, walking and a twisting motion. Exam of the right knee revealed tenderness, guarding, bruising and swelling in the medial joint line. Crepitus was also noted. Range of motion was 120-150 on flexion. There was no change in functionality. Treatment and evaluation to date has included medications, chiropractic treatments, MRI of the right knee, physical therapy, work conditioning program, acupuncture treatments and a Functional Capacity Evaluation. Current medications include Wellbutrin, Ativan, Ambien and Prozac. The Request for Authorization dated 9-15-15 includes a Synvisc injection to the right knee time's one. The Utilization Review documentation dated 9-25-15 non-certified the request for a Synvisc injection to the right knee time's one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the right knee x1: Overturned

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 Procedure Summary, last update 5/5/2015. Criteria for 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) Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The current request is for a SYNVISIC INJECTION TO THE RIGHT KNEE X1. Treatment and evaluation to date has included medications, right knee surgery (02/13/14), chiropractic treatments, MRI of the right knee, physical therapy, work conditioning program, acupuncture treatments and a Functional Capacity Evaluation. The patient is temporarily totally disabled. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: 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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per report 09/03/15, the patient presents with right knee pain rated 2-3 out of 10 on the visual analog scale. The pain increased to 6 out of 10 with activity, walking and a twisting motion. Examination of the right knee revealed tenderness, guarding, bruising and swelling in the medial joint line. Crepitus was also noted. Range of motion was 120-150 on flexion. Treatment plan included a right knee injection. MRA of the right knee dated 02/24/15 noted positive ACL graft intact, medial and lateral meniscus showed linear increased signal in the anterior and posterior horn of the meniscus which likely reflects internal degeneration, and suprapatellar bursitis. The treater refers to an x-ray of the right knee which is "also positive for osteoarthrosis." There is no indication of right knee injections following the 2014 surgery. This patient has failed conservative treatments including a series of post-operative physical therapy, and medications. X-ray and MRI findings do support osteoarthrosis. The patient has met the criteria for the requested Synvisic injection. Therefore, the request IS medically necessary.