

Case Number:	CM15-0020337		
Date Assigned:	02/09/2015	Date of Injury:	12/22/1970
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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 65-year-old male who reported an injury on 12/22/1970. The mechanism of injury was not provided. The prior therapies included physical therapy, TENS therapy, and multiple knee surgeries including bilateral knee replacements. The injured worker had intra-articular knee injections in 2009 which provided 50% pain relief for 2 months. The documentation of 11/14/2014 revealed the injured worker had continued complaints of persistent achy pain in the bilateral knees. The pain was constant and limited his activities of daily living. The injured worker was utilizing Norco and was noted to have no aberrant drug behavior. The diagnoses included bilateral knee pain, degenerative knee arthritis, and chronic pain syndrome. The physical examination revealed tenderness to palpation along the medial and lateral joint line with limited range of motion to 70 degrees at knee flexion; crepitus was noted. The left knee range of motion was within normal limits. The injured worker had bilateral significant tenderness along the patellotibial ligament. The treatment plan included Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection bilateral knees x 3: 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 & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines indicate the criteria for hyaluronic acid injections include the injured worker should experience significantly symptomatic osteoarthritis and there should be documentation the osteoarthritis has not responded adequately to pharmacologic and nonpharmacologic treatment and should be documentation of severe osteoarthritis of the knee which may include over 50 years of age and crepitus. There should be documentation pain interferes with functional activities and there should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. There should be documentation the injured worker is not currently a candidate for a knee replacement or injured workers who have previously failed knee surgery for arthritis unless they are younger patients wanting to delay total knee replacements. The clinical documentation submitted for review indicated the injured worker had limited activities of daily living. The injured worker was over 50 years of age. Additionally, there was documentation the injured worker had not responded to nonpharmacologic interventions. There was documentation the injured worker was utilizing 1 to 3 Norco to help reduce pain levels. There was a lack of documentation of a failure of pharmacologic treatments. The injured worker was noted to have undergone intra-articular knee injections which provided 50% pain relief x2 months. As there was relief x 2 months, there was a lack of documentation of failure to adequately respond to aspiration and injection of intra-articular steroids. This request would not be supported. Given the above and the lack of documentation of exceptional factors, the request for Synvisc injection bilateral knees x3 is not medically necessary.