

Case Number:	CM15-0029569		
Date Assigned:	02/23/2015	Date of Injury:	04/10/2005
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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, with a reported date of injury of 04/10/2005. The diagnoses include status post left knee arthroscopy times two. Treatments have included oral medications, topical pain medication, and two knee arthroscopies. The progress report dated 12/19/2014 indicates that the injured worker had a significant increase in pain as her overall pain medication had been reduced. She continued to complain of left knee pain. The injured worker had been told that she was a candidate for a left total knee replacement. She rated her pain 3-8 out of 10 with medications. An examination of the lower extremities showed a positive straight leg raise on the left and negative straight leg raise on the right; slight decreased strength with dorsi and plantar flexion of the left leg and slight decreased knee extension; and tenderness over the light knee predominantly in the medial joint line. It was noted that the orthopedic knee specialist did not feel that the injured worker was a surgical candidate. The medical record from which the request originates was not included in the medical records provided for review. The treating physician requested a Synvisc-One injection to the left knee. On 02/03/2015, Utilization Review (UR) denied the request for a Synvisc-One injection to the left knee, noting that there was no documentation of conservative treatment or pharmacologic treatments; and no mention of any failure or intolerance to the conservative treatments. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc- one injection to left 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), Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Synvisc injections.

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc one injection left knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic therapies; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis; repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are L3 - L4 2 mm x 3 mm left disc bulge and L4 - L5 2 mm disc bulge; chronic left L5 radiculopathy; status post left knee arthroscopy; left carpal tunnel syndrome; left greater trochanteric bursitis; depression secondary to chronic pain; acute posttraumatic sprain and strain cervical spine; post-traumatic chest contusions; acute posttraumatic sprain and strain left shoulder; status post left carpal tunnel release; and status post repeat left knee arthroscopy to December 27, 2011. Documentation does not contain evidence of failed conservative treatments. There is no documentation of physical therapy with objective functional improvement. Additionally, there is no evidence of aspiration with failed corticosteroid injections and a failure to adequately respond to same. Consequently, absent clinical documentation meeting the criteria for hyaluronic acid injections, Synvisc one injection left knee is not medically necessary.