

Case Number:	CM15-0212789		
Date Assigned:	11/02/2015	Date of Injury:	11/30/2005
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/29/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female, who sustained an industrial injury on 11-30-05. The injured worker was diagnosed as having arthritis of knee, degenerative; osteoarthritis knee; myofascial pain dysfunction syndrome. Treatment to date has included physical therapy; status post Right total knee arthroplasty with partial revision (6-8-15); medications. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker is now a 3 and one half month status post right total knee arthroplasty with revision partial patellofemoral and replacement of tibial insert DePuy Sigma system for failed painful right total knee arthroplasty on 6-8-2015. The provider notes "Condition significantly improved, pain was less, from operative pain level 9 out of 10 to 6 out of 10. Right leg pain is diffuse, stated that it was from waist all the way down to bottom of foot. Knee is now less tender, side-to-side patellar excursion much improved and not sensitive. Range of motion was full extension to 105 degrees flexion, no effusion, no instability, able to walk without use of walking device." She also reports right foot having long-standing history of plantar fasciitis. There was treatment previously from a podiatrist that included both lower extremity surgeries that she reports having "marginal benefit". She reports the left knee also had been painful and the provider notes "probably more postoperatively because of need of increased load shifting. Tenderness was diffuse across the joint surface, but without effusion or instability." She reports painful state affected other areas of musculoskeletal system including both shoulders left more than right having had repeated injections given last time about a month ago. About 3 months ago, she reports she was seen in the emergency room because of shoulder pain. The provider is requesting Synvisc for the left knee at this time. A Request for Authorization is dated

10-29-15. A Utilization Review letter is dated 9-30-15 and non-certification for Synvisc injections for the left knee x3 under ultrasound guidance. A request for authorization has been received for Synvisc injections for the left knee x3 under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections for the left knee x3 under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis of the left knee in the exam note from 9/17/15, the determination is not medically necessary.