

Case Number:	CM15-0223723		
Date Assigned:	11/19/2015	Date of Injury:	06/14/2007
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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 50 year old female, who sustained an industrial injury on 06-14-2007. A review of the medical records indicates that the worker is undergoing treatment for cervical discopathy with radiculitis, right shoulder impingement syndrome with rotator cuff tear, bilateral cubital and carpal tunnel syndrome, rule out internal derangement of the bilateral knees and right foot great toe metaphalangeal joint arthritis. MRI of the left knee dated 11-25-2014 revealed early chondrosis in the medial and patellofemoral compartments and tears of the body and posterior horn of the medial meniscus along its inferior articular surface. Treatment has included pain medication, intra-articular injections, Synvisc injections and a home exercise program. Subjective complaints (06-15-2015, 08-24-2015 and 09-21-2015) included pain in multiple body parts including constant aching pain in the bilateral knees. Pain was rated as 7-8 out of 10 and was noted to be greater in the left knee than the right and was aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing. Documentation shows that the worker was status post bilateral knee arthroscopy and Synvisc injections with some improvement and was awaiting right knee Synvisc injection, however there were no pain ratings provided before and after the use of Synvisc, there was no documentation as to how many Synvisc injections were received and the dates of those injections and there was no evidence of objective functional improvement with use. Objective findings (06-15-2015) revealed tenderness in the joint line, positive patellar grind test and McMurray's test and crepitus with painful range of motion. Objective findings (08-24-2015 and 09-21-2015) of the bilateral knees r revealed tenderness at the knee joint line, positive patellar compression test, positive

McMurray's and pain with terminal flexion with crepitus. A request for Synvisc injection of the left knee was submitted. A utilization review dated 11-02-2015 non-certified a request for 3 Synvisc injections left knee, 2 units per injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc Injections Left Knee, 2 units per injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg.

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, Hyaluronic acid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, 3 Synvisc injections of the left knee (two units per injection) are 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 treatment is; 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 relevant working diagnoses are rule out internal derangement bilateral knees. For additional diagnoses see the September 21, 2015 progress note. Date of injury is June 14, 2007. Request for authorization is October 26, 2015. According to August 24, 2015, progress note, the worker status post bilateral knee arthroscopy with Synvisc injection. The documentation indicates there was some improvement. The injured worker is awaiting right knee Synvisc. There was no documentation demonstrating objective functional improvement with the prior Synvisc injection to the left knee. According to a September 21, 2015 progress note, subjective complaints include increased pain in the left greater than right knee 8/10. Objectively, there is tenderness at the knee joint line. There is a positive patella compression test with crepitus. There is no instability. An MRI of the left knee showed chondrosis. There is no documentation of severe objective osteoarthritis in the medical record. There was no documentation of a failure to adequately respond to aspiration or injection of intra-articular steroids. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of severe osteoarthritis and no objective functional improvement

from the prior Synvisc injection dated August 24, 2015, 3 Synvisc injections of the left knee (two units per injection) are not medically necessary.