

Case Number:	CM15-0223785		
Date Assigned:	11/19/2015	Date of Injury:	01/15/2013
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
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: Illinois, California, Texas
 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:

This injured worker is a 47-year-old female who sustained an industrial injury on 1/15/13, relative to a fall. She was diagnosed with a meniscal tear and osteoarthritis of the knees. Conservative treatment had included corticosteroid injections, bracing, activity modification, and medications. The 12/13/13 left knee MRI impression documented a radial tear of the root of the posterior horn of the medial meniscus along with extrusion of the body, blunting of the body of the medial meniscus compatible with free edge tear. There was severe medial compartment arthrosis, less severe lateral and patellofemoral arthrosis. The degree of tricompartmental arthrosis was increased in severity compared to the prior exam on 2/28/13. The 10/1/15 treating physician report cited worsening right knee pain, mostly over the medial joint line. She had significant pain when standing. She was wearing a brace but it was putting pressure on her legs, there were indentations from the brace noted. Right knee exam documented tenderness along the medial joint line, full range of motion, and some patellofemoral crepitus. The 5/1/14 left knee x-rays were reviewed and showed complete obliteration of the medial joint line of the left knee with no cartilage left. The diagnosis was grade 4 osteoarthritis of the knee, left greater than right. She was given a left knee cortisone injection with this visit and prescribed a cane. She had permanent work restrictions. Authorization was requested for a Synvisc One injection for the left knee. The 10/16/15 utilization review non-certified the request for Synvisc One injection for the left knee as there was no documentation that the injured worker had tried a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-one injection left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg, Synvisc (hykan).

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: Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for Hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to at least 3 months standard non-pharmacologic and pharmacologic treatments. Criteria include pain interferes with functional activities and is not attributable to other forms of joint disease, failure to adequately respond to aspiration and injection of intra-articular steroids, and are not current candidates for total knee replacement or who have failed previous knee surgeries for their arthritis, unless young patients wanting to delay total knee replacement. Guideline criteria have been met. This injured worker presents with worsening right knee pain, and significant pain with standing. Clinical exam findings are consistent with imaging evidence of tricompartmental osteoarthritis, severe in the medial compartment. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial, including multiple corticosteroid injections, and failure has been submitted. The injured worker is not currently a candidate for total knee replacement. Therefore, this request is medically necessary.