MAXIMUS Federal Services

Case Number:	CM15-0052050		
Date Assigned:	03/25/2015	Date of Injury:	12/04/2014
Decision Date:	08/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 59 year old female, who sustained an industrial injury on 12/04/2014. She has reported injury to the right elbow and bilateral knees. The diagnoses have included right lateral epicondylitis; osteoarthritis of elbow; strain of left knee; strain of right knee; and right knee degenerative joint disease. Treatment to date has included medications, diagnostics, heat, physical therapy, and home exercise program. Medications have included Naprosyn, Lidoderm Patch, and Muscle Rub Ultra Strength Cream. A progress report from the treating physician, dated 02/24/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low-grade elbow pain; persistent bilateral knee pain; the pain is affecting her lower back and both legs are feeling week; she is limping everyday by the time she is getting home from work, sometimes hurting even in her heel; she has been using a cane for the past year; the pain is affecting activities of daily living; and she wants to continue with conservative care, wanting to delay surgery as long as she could. Objective findings included mild antalgic gait and limp was noted; she brought with her a cane, able to walk reasonably well without it; squatting was difficult even with support; both knees showed significant crepitation and grinding; both patella show obvious lateral tilting and subluxation; tenderness was moderate at patellofemoral compartment; slight tenderness also affected medical joint line to palpation; both quadriceps had significant diminished muscle bulk and tone; and radiographs of both knees, taken on this day, showed advanced degenerative change with end-stage arthritis patellofemoral compartment, complete loss of joint space laterally, significant lateral subluxation and tilting, with subchondral sclerosis and prominent marginal osteophyte; and medical compartment was

minimally narrowed. The treatment plan has included the request for 3 Synvisc injections intra-articularly under ultrasound guidance, both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc injections Intra-articularly under Ultrasound Guidance, both knees: 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 & Leg, Synvisc (Hylan); Hyaluronic acid injections.

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

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthrtitis of the knees with demonstrated failure of conservative care including intraarticular steroids. As the medical records do not indicate prior steroid injection trial for the knees or indicate any contraindication to steroid injection trial, the medical records provided for review do not support synvisc injection congruent with ODG guidelines. Therefore, the request is not medically necessary.