

Case Number:	CM15-0080708		
Date Assigned:	05/01/2015	Date of Injury:	09/15/1985
Decision Date:	06/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 09/15/1985. She has reported injury to the neck, bilateral upper extremities, low back, ankles, and bilateral knees. The diagnoses have included status post cervical spine surgery with residual bilateral upper extremity radiculitis; bilateral knees moderate tri-compartmental osteoarthritis, chondromalacia, and effusion; lumbar anteriolisthesis L4 on L5; facet degenerative joint disease. Treatment to date has included medications, diagnostic studies, lumbar epidural steroid injections, chiropractic therapy, physical therapy, surgical intervention, and home exercise program. Medications have included Baclofen, Gabapentin, Tramadol, Some, and Cymbalta. A progress note from the treating physician, dated 04/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee tenderness, swelling, and crepitus. Objective findings included pain with McMurray's test and decreased range of motion; lumbar spine tenderness to the paravertebral muscles with moderate spasm; and decreased lumbar range of motion. The treatment plan has included the request for 3 Synvisc injections (6ml/48mg total) to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 synvisc injections (6ml/48mg total) to the bilateral knees: Overturned

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, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter - pg 34.

Decision rationale: According to the guidelines, Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr;(5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, the claimant has prior MRIS with evidence of arthritis. The claimant has age and physical findings that meet the criteria above. The request for the injections are appropriate and medically necessary. In this case, the claimant has prior MRIS with evidence of arthritis. The claimant has age and physical findings that meet the criteria above. The request for the injections are appropriate and medically necessary.