

Case Number:	CM15-0084698		
Date Assigned:	05/07/2015	Date of Injury:	11/17/2012
Decision Date:	06/05/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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 was a 33-year-old female, who sustained an industrial injury, November 17, 2012. The injury was sustained when a cabinet fell on the injured workers right knee. The injured worker previously received the following treatments Ibuprofen, Voltaren Gel, Vicodin, left knee MRI, right knee MRI and acupuncture treatments. The injured worker was diagnosed with degeneration and left knee arthralgia. According to progress note of February 26, 2015, the injured workers chief complaint was increased bilateral knee pain over several months following injury. The pain was worse in the winter. The injured worker has tries Voltaren gel and Ibuprofen with minimal relief. Acupuncture 12 sessions had minimal benefits, but had less pressure, with 10-15 better. The physical exam noted the kneecap swelling right greater than the left. There was tenderness to palpation medically bilaterally. The treatment plan included left knee Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee synvisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (updated 02/27/15)- Online Version, 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 and 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 non-pharmacologic (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; In this case, the claimant's physical findings did not meet the criteria above for osteoarthritis. In addition, the prior MRI did not show arthritis. The request for the injection is not medically necessary.