

Case Number:	CM15-0085168		
Date Assigned:	05/07/2015	Date of Injury:	08/15/2011
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
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: 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 53 year old female who sustained an industrial injury on August 15, 2011. She has reported left knee pain and has been diagnosed with left knee internal derangement rule out tricompartmental degenerative joint disease, status post-surgery x 2, and rule out lumbosacral radiculopathy. Treatment has included medical imaging, surgery, medications, and physical therapy. Currently the injured worker had left knee pain with crepitus and buckling. Objective findings revealed limited range of motion and effusion with crepitus. The treatment request included a Synvisc injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection for the left knee: 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), Hyaluronic Acid Injection.

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 section, Hyaluronic acid.

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc One injection left knee is 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; 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 working diagnoses are left knee internal derangement; rule out tricompartmental DJD; status post surgery times two; rule out LS radiculopathy. Subjectively, according to the April 13, 2015 progress note, the injured worker has left knee pain and swelling with crepitus in the injured worker needs more pain medications. The progress note dated April 13, 2015 indicates the x-ray is WNL. The objective findings appear to be limited to the affected knee including limited range of motion, effusion with crepitus, in therapy at [REDACTED], x-ray WNL, need authorization for MRI/arthrogram to assess re-tear, need authorization for consultation and knee scope. The guidelines recommend documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness for hyaluronic acid injections. The x-rays are within normal limits (WNL) and did not demonstrate objective findings of severe osteoarthritis of the knee. There is no documentation of prior Synvisc injections or intra-articular steroids. Consequently, absent clinical documentation of radiographic evidence of severe osteoarthritis of the knee with prior Synvisc injections and intra-articular steroids, Synvisc One injection left knee is not medically necessary.