

Case Number:	CM15-0091357		
Date Assigned:	05/15/2015	Date of Injury:	03/16/2009
Decision Date:	11/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old woman sustained an industrial injury on 3-16-2010. Diagnoses include post-traumatic right knee contusion with surgical intervention. Treatment has included oral and topical medications, surgical intervention, bracing, home exercise program, and Synvisc injection series. Physician notes dated 4-7-2015 show complaints of right knee pain rated 8 out of 10 with numbness and weakness. The worker states the pain rating is 8-9 out of 10 without medications and 5 out of 10 with medications. The physical examination shows joint pain, gait abnormality, and stress. It is noted that there are positive orthopedic tests for joint disruption, however, a more complete examination is not included that shows which of these tests are disrupted, range of motion measurements, or further specific symptoms. Recommendations include continue home exercise program, bionicare knee system bracing, Synvisc injection series to the right knee, Percocet, Motrin, Lidoderm patches, and follow up in five to six weeks. Utilization Review denied a request for Synvisc injections on 4-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the right knee under ultrasound guidance for total of 6 milliliters/48 milligrams Qty: 3.00: 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 section - 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, Hyaluronic acid injections.

Decision rationale: The records indicate that the patient suffered a recent flare up of right knee pain. The current request for consideration is synvisc injection to the right knee under ultrasound guidance for a total of 6 milliliters/48 gms QTY: 3. There is no documentation of percentage of improvement with prior synvisc injections or the duration of improvement following the procedure. The CA MTUS is silent on synvisc injections. The ODG does recommend synvisc injections as an option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The criteria for a repeat series of hyaluronic acid injection: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. In this case, repeat synvisc injections may be reasonable, however, the available medical records do not document the length of time, or if in fact the patient had significant improvement with previous synvisc injections. As such, medical necessity has not been established.