

Case Number:	CM14-0142590		
Date Assigned:	09/10/2014	Date of Injury:	02/23/2000
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62 year-old male with date of injury 02/25/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/22/2014, lists subjective complaints as pain in the left knee. Objective findings: Examination of the left knee revealed stiffness and severely restricted range of motion. Tenderness to palpation over the medial aspect of the patella. Diagnosis: 1. Arthrofibrosis, left knee 2. Painful TKA. Patient is status post manipulation under anesthesia of the left knee due to stiffness of the total knee replacement on 08/21/2014. The date of the request for authorization is one day later, 08/22/2014. He was discharged with continuous passive motion and outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One synvisc injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines contain numerous criteria which are used to evaluate the appropriateness of hyaluronic acid injections to the knee. It recommends injections as a possible 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. The patient has already undergone a total knee replacement, and the day prior to the current request, the patient had undergone manipulation of the knee under anesthesia to release adhesions in the joint. It appears that the requesting physician has requested injection in an attempt to prevent recurrence of the adhesions. The Official Disability Guidelines do not support the use of Synvisc for this purpose. The medical record does not contain the necessary documentation to recommend hyaluronic acid injections using ODG criteria. The American College of Rheumatology, lists knee pain and at least 5 of 9 criteria needed prior to authorization of a hyaluronic acid injection. There is little documentation in the medical record which would allow the authorization of the injections using the ACR criteria either.