MAXIMUS Federal Services

Case Number:	CM14-0145797		
Date Assigned:	09/12/2014	Date of Injury:	03/04/2001
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 50-year-old female who reported an injury on 03/04/2001. The mechanism of injury was not provided in the medical records. The injured worker's diagnoses included internal derangement of the right knee and a history of right knee surgeries. The injured worker's past treatments included medications and surgery. Diagnostic studies were not provided in the medical records. The injured worker's surgical history included multiple right knee surgeries (dates and pertinent surgical information was not provided). On the clinical note dated 08/05/2014, the injured worker complained of right knee pain rated 8/10. The injured worker had tenderness over the entire right knee joint with limited flexion and a positive McMurray's sign. The injured worker's medications included Flexeril 5 mg, Voltaren gel, and Vicodin (the frequency and dosage was not provided). The injured worker denied side effects from the medications. The request was for a series of 3 Synvisc injections for the right knee. The rationale for the request was to prevent the increase of medication. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Synvisc Injections for the Right 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), Knee and Leg (Acute and Chronic)

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

Decision rationale: The request for a series of 3 Synvisc injections for the right knee is not medically necessary. The injured worker has a diagnosis of right knee internal derangement with a history of multiple surgeries. The injured worker complained of right knee pain rated 8/10. The Official Disability Guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments and patients experiencing significantly symptomatic arthritis but have not responded to adequately recommended conservative non-pharmacological and pharmacological treatments or are intolerant of these therapies, after at least 3 months. The guidelines also state documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over the age of 50 years old. There must be documentation of pain that interferes with functional activities and is not attributed to other forms of joint disease, a failure to adequately respond to aspiration and injection of intra-articular steroids, and they are generally performed without fluoroscopic or ultrasound guidance. They are not currently candidates for total knee replacement or have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections are recommended if documented significant improvement and symptoms for 6 months or more, and if symptoms reoccur, it may be reasonable to do another series. The injured worker is 50 years of age, has tenderness over the entire right knee joint, and has a history of failed right knee surgeries. There was a lack of documentation indicating whether the injured worker previously had physical therapy and the efficacy of any prior therapies. There was a lack of documentation indicating the injured worker has significant objective functional deficits. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There was a lack of documentation of efficacy of conservative care. Additionally, the request was for a series of three and there is no documentation of significant improvement and symptoms for 6 months or more that is reoccurring. As such, the request for a series of 3 Synvisc injections for the right knee is not medically necessary.