

Case Number:	CM14-0143491		
Date Assigned:	09/10/2014	Date of Injury:	01/12/2012
Decision Date:	06/30/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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: Massachusetts

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

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 39 year old male, who sustained an industrial injury on January 12, 2012. He reported falling, striking both knees on the ground. The injured worker was diagnosed as having right knee medial and lateral meniscus tear with partial thickness ACL tear status post arthroscopy May 2012, left knee lateral meniscus tear with tricompartmental chondromalacia and osteoarthritis, bilateral knee tricompartmental osteoarthritis and chondromalacia, and cervical myoligamentous injury. Treatment to date has included x-rays, MRIs, right knee surgery, physical therapy, and medication. Currently, the injured worker complains of bilateral knee pain and left shoulder and neck pain. The Treating Physician's report dated July 25, 2014, noted the injured worker received a left knee corticosteroid injection, which provided about 60% pain relief and allowed him to be more active, with some pain in the medial aspect of his knee. The injured worker was noted to be requesting additional knee joint injections. Physical examination was noted to show tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, with trigger points and taut bands with tenderness to palpation noted throughout the lumbar spine. The injured worker received bilateral knee intra-articular injections. The treatment plan was noted to include a request for authorization for Synvisc One to be administered to the left knee to hopefully avoid the need for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection to 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, Treatment Index, 12th Edition (Web), 2014, Knee and Leg-Hyaluronic Acid Injections.

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

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for bilateral knee pain. Treatments have included intra-articular corticosteroid injections referenced as providing 60% pain relief with improved activity tolerance. When seen, physical examination findings included a BMI of nearly 44. There was joint line tenderness with crepitus. Bilateral intra-articular corticosteroid injections were performed. Authorization for Synvisc injections for the left knee was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant received an intra-articular injection on the same day of the request and a previous injection had been effective. Requesting a series of Synvisc injections without assessing the response to the injection performed was not appropriate and cannot be considered medically necessary.