

Case Number:	CM15-0011409		
Date Assigned:	01/29/2015	Date of Injury:	01/13/1999
Decision Date:	03/18/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/21/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male, who sustained an industrial injury on 1/13/1999. He reports hurting his knee. Diagnoses include status post right anterior cruciate ligament repair and arthritis. Treatments to date include prior knee injections, physical therapy and medication management. Records indicate that the patient had a total of 4 corticosteroid injections over the past several years, including one in early 2014. The 9/23/14 initial consult report cited worsening right knee pain, giving out, and occasional swelling. The use of opioid medications was of concern to the patient given his commercial driving duties. The 12/16/14 treating physician report cited worsening knee pain with medial and lateral joint line tenderness to palpation. The patient was requiring increased levels of Norco to adequately control his pain. Authorization was again requested for Synvisc injections. On 1/20/2015, Utilization Review non-certified the request for Synvisc injection to the right knee based on an absence of documented improvement in symptoms for at least six months with prior injections, citing Official Disability Guidelines.

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: Overturned

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 & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg: Hyaluronic acid injections

Decision rationale: The California MTUS guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guidelines indicate that if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do a repeat series of injections. Guideline criteria have been met. This patient has worsening right knee arthritic pain and functional limitations. Use of opioid pain medications during the work day is prohibitive due to commercial driving. There is evidence of failed corticosteroid injections. There is no evidence of prior viscosupplementation. Therefore, this request for Synvisc injection to the right knee is medically necessary.