

Case Number:	CM15-0110781		
Date Assigned:	06/17/2015	Date of Injury:	05/02/2012
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 58-year-old female who sustained an industrial injury on 05/02/2012. Diagnoses include bilateral knee internal derangement. Treatment to date has included medications and home exercise. MRI of the left knee dated 7/10/14 showed myxoid change of the posterior and anterior horns of the medial meniscus; grade I-2 chondromalacia patella, primarily at the medial facet; mild medial and lateral femorotibial joint space narrowing; pes anserine bursitis; and small focus of reactive bone marrow edema at the articular surface of the medial tibial plateau. According to the PR2 notes dated 4/9/15, the IW reported neck, low back, bilateral knee and left ankle pain, rated 5/10, which is unchanged since her last visit. She stated her pain medication was helping her pain. On examination, there was mild left knee pain, medially and posteriorly, with positive patellar compression test and McMurray test. There was no evidence of instability and left leg muscle testing was 5/5. A request was made for Synvisc injection, left knee, quantity 3 due to the MRI findings and ongoing left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Synvisc left knee quantity 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections.

Decision rationale: The requested Injection Synvisc left knee quantity 3, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections noted: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; of synovium; (7) Over 50 years of age; less than 1:40 titer (agglutination method); signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." The treating physician has documented MRI of the left knee dated 7/10/14 showed myxoid change of the posterior and anterior horns of the medial meniscus; grade I-2 chondromalacia patella, primarily at the medial facet; mild medial and lateral femorotibial joint space narrowing; pes anserine bursitis; and small focus of reactive bone marrow edema at the articular surface of the medial tibial plateau. According to the PR2 notes dated 4/9/15, the IW reported neck, low back, bilateral knee and left ankle pain, rated 5/10, which is unchanged since her last visit. She stated her pain medication was helping her pain. On examination, there was mild left knee pain, medially and posteriorly, with positive patellar compression test and McMurray test. There was no evidence of instability and left leg muscle testing was 5/5. Even though there is note of MRI findings of mild femorotibial joint space narrowing, the treating physician has not documented evidence of severe osteoarthritis that has been unresponsive to all applicable conservative treatments. The criteria noted above not having been met, Injection Synvisc left knee quantity 3 is not medically necessary.