Case Number:	CM15-0120168		
Date Assigned:	06/30/2015	Date of Injury:	04/01/1994
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 was a 50-year-old female, who sustained an industrial injury, April 1, 1994. The injured worker previously received the following treatments right knee surgery in 1994 and 1995, right knee x-rays, on March 24, 2015, which showed minimal tri-compartmental degenerative changes, Ibuprofen, random toxicology laboratory studies of November 6, 213 which was negative for any unexpected findings, right knee MRI of April 21, 2015, which showed severe patellofemoral compartment chondral thinning with no evidence of meniscus tear and right knee steroid injection. The injured worker was diagnosed with severe chondromalacia patella, right knee with patellofemoral compartment arthritis. According to progress note of May 28, 2015, the injured worker's chief complaint was right knee pain. The steroid injection in the right knee gave the injured worker only two days of symptomatic relief. The physical exam noted positive compression test in the right knee. There was a mild effusion. The injured worker was given a second steroid injection into the right knee. The treatment plan included Synvisc one injection for the right knee, due to the first steroid injection was ineffective after the second day.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Synvisc one injection, 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 & Leg (Acute & Chronic): 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) Lower Extremity Complaints: Hyaluronidase Injections.

Decision rationale: One is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records do not document that the enrollee has not adequately responded or has a contraindication to standard pharmacological treatments including anti-inflammatory; therefore, the request is not medically necessary.