

Case Number:	CM15-0144136		
Date Assigned:	07/31/2015	Date of Injury:	12/09/2008
Decision Date:	10/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 (IW) is a 49-year-old female who sustained an industrial injury on 12-09-2008. Diagnoses include osteoarthritis not otherwise specified, right leg. Treatment to date has included medications and Synvisc injections. Some of the documentation was difficult to decipher. According to the progress notes dated 06-24-2015, the injured worker reported continued stiff and numb right leg. He had an epidural steroid injection the previous week and was using vacation days to take time off. The notes indicated the IW had three previous knee surgeries. Synvisc injection was reportedly successful last year. On examination, there was pain with range of motion (ROM) and swelling. The back was also painful with decreased ROM. A request was made for a retrospective review for right knee Synvisc injection for date of service 06-24-15. There was no documentation of the Synvisc injection being given on the date of service at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Right knee synvisc injection (DOS 06/24/15): 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 (updated 05/05/15) Online Version.

MAXIMUS guideline: The Expert Reviewer 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.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for radiating back pain and right knee pain. Prior treatments have included epidural steroid injections, three knee surgeries, and viscosupplementation injections. When seen, she was having difficulty sitting and had right lower extremity numbness. She had recently undergone an epidural injection. Physical examination findings included pain with knee range of motion and swelling. There was decreased and painful lumbar spine range of motion. The assessment references prior Synvisc injections the year before with a good result. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include a failure to adequately respond to aspiration and injection of intraarticular steroids. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. In this case, the claimant has findings of chondromalacia without documentation of imaging findings of severe osteoarthritis. Prior corticosteroid injection treatment is not documented. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur and the degree and duration of pain relief from the previous series of injections is not documented. The requested repeat series of injections was not medically necessary.