

Case Number:	CM15-0090961		
Date Assigned:	05/15/2015	Date of Injury:	09/04/2002
Decision Date:	07/21/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51-year-old female who sustained an industrial injury on 09/04/2002. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having lumbosacral degenerative joint disease, and degenerative disc disease, and situation post right knee surgery x2. Treatment to date has included medications, surgery x2, and injections into the knee joint. Currently, the injured worker is seen in follow up of back pain, right knee pain, and sciatic pain. She has a knee popping sensation and mild to moderate lumbosacral pain with radiation of pain into both legs. The pain is aggravated by lifting, bending, and walking. Medications include calcium, Celebrex, Ibuprofen, Naprosyn, Soma, Vicodin, and Zolpidem. Pain medications reduce pain so she can be active and functional. Pain level of an 8/10 is reduced to 5/10 with medications. She has had right knee pain that is increasing with acute flares requiring injections, but according to physician notes of 11/05/2014, the injections are falling short on control. A MRI was requested and done on 12/11/2014. It reveals degeneration of the posterior horn of the medial meniscus with extrusion. There is tricompartmental arthritis. There is evidence of a partial lateral meniscectomy with a small recurrent radial tear of the posterior horn. The plan of treatment is for viscosupplementation injections and a total knee replacement of the right knee. A request for authorization is made for Synvisc, 1 injection, Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc, 1 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: Knee & Leg chapter - 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) Knee and leg- Hyaluronic acid injections.

Decision rationale: Synvisc, 1 injection, Right Knee is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that the criteria for hyaluronic acid injections include that the patients 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 ODG states that the routine use of hyaluronic acid injections after knee arthroscopy cannot be recommended. The recent documentation indicates that the patient's treatment plan includes a total knee replacement. Additionally, the patient has had prior arthroscopic surgeries. For these reasons the request for a Synvisc injection is not medically necessary.