

Case Number:	CM15-0093350		
Date Assigned:	05/19/2015	Date of Injury:	09/21/2012
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 49 year old female, who sustained an industrial injury on August 21, 2012. Treatment to date has included chiropractic therapy, h-wave therapy, medications, physical therapy, hyaluronic acid injection, right knee arthroscopy with partial medial meniscectomy and medications. Currently, the injured worker complains of aching pain and swelling of the knee. She has been doing home physical therapy, using a support brace and icing but she reports difficulty with daily activity and normal work activity. On physical examination she has tenderness to palpation over the medial joint line of the right knee. She has mild patellofemoral crepitation and her quad mass is decreased but with reasonable quad tone. The Diagnoses associated with the request include status post right knee arthroscopy with partial medial meniscectomy and moderate osteoarthritis of the patellofemoral and medial compartment. She has reported a good response to a previous hyaluronic acid injection six months prior to evaluation. The treatment plan includes transdermal cream, hyaluronic acid injection and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Synvisc one injection using Ultrasound guidance: 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 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 section, Hyaluronic acid.

Decision rationale: Pursuant to the Official Disability Guidelines, right knee Synvisc one injection with ultrasound guidance is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments; exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections, if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to aspirate fluid ; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are status post right knee arthroscopy with partial medial meniscectomy; moderate osteoarthritis patellofemoral and medial compartment status post abrasion chondroplasty grade 4; history of diabetes and hypertension. The documentation indicates the injured worker had a prior hyaluronic acid injection. The treating provider states the prior injection provided "a good response". There is no documentation of severe osteoarthritis. The guidelines allow repeat injections if there is significant improvement for six months or more (with a prior injection). There is no quantification or objective evidence of functional improvement with the prior hyaluronic acid injection. Additionally, ultrasound guidance for knee joint injections is not generally necessary. There is no signs of obesity or indication the treating provider was unable to aspirate fluid. Consequently, absent clinical documentation with objective findings of severe osteoarthritis and guidelines non-recommendations for ultrasound guidance for knee joint injections, right knee Synvisc one injection with ultrasound guidance is not medically necessary.