

Case Number:	CM13-0008436		
Date Assigned:	12/11/2013	Date of Injury:	01/24/2008
Decision Date:	02/05/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was a 51 year old male who injured his right knee while working on 06/24/2008. The mechanism of injury was a box falling on his right knee while returning items to a shelf. His initial MRI of right knee showed tear of the posterior horn and body of medial meniscus. Subsequently he had two knee surgeries one in 2008 and second in 2009. In 2008, he had right knee arthroscopy, partial medial meniscectomy, partial lateral meniscectomy and chondroplasty of patella. In 2009, a repeat MRI showed recurrent tear of right knee medial meniscus and a video arthroscopy with synovectomy and chondroplasty of the proximal tibial plateau and excision of lateral meniscus tear was done. Subsequently his treatment included physical therapy, cortisone injection 01/05/09 with minimal benefit and three Synvisc injections in 12/28/09, 01/4/10 and 01/11/10. The third injection worsened his pain and swelling in the affected knee. He subsequently had arthroscopic surgeries of both knee with multicompartement synovectomy, meniscectomy and left ACL repair. In addition his history was also significant for status post right shoulder rotator cuff repair in 2011, lumbar spine strain, cervical spine strain, migraine headaches, memory loss, GERD and depression with anxiety. His primary complaints were right knee pain described as a burning, sharp pain that is aggravated by standing or walking. He also had complained of low back pain more on the right side. He also complained of pain, swelling and locking of his right knee relieved by wearing un weighted knee brace. Physical examination showed that right knee had crepitus, varus deformity, and tenderness over medial and lateral joint lines and mildly limited flexion. X-rays of right knee were taken in September 2013, which revealed mild degenerative changes in all three compartments and mild osteophyte formation. Diagnoses were status post video arthroscopy of the right knee revealing traumatic chondromalacia especially of the medial co

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Injection 48 mg to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The review of records indicates a primary diagnosis of traumatic chondromalacia. X-ray of right knee showed mild degenerative changes. On examination he had crepitation, tender joint line and slightly limited flexion in the right knee. There are notes from Rheumatology and QME in 2011 and 2013 that indicate his response to Synvisc. He had three injections in 2009 and 2010 with swelling and worsening of symptoms after the third one. Given this history, a repeat Synvisc injection doesn't meet the medical necessity criteria per ODG. The criteria from ODG are listed below which also report that there is insufficient evidence for other conditions including chondromalacia patella and patellofemoral arthritis. According to ODG, Synvisc injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recipient quality studies the magnitude of improvement appears modest at best. See recent research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Viscosupplementation is an effective treatment for OA of the knee with beneficial effects: on pain, function and patient global assessment; and at different post injection periods but especially at the 5 to 13 week post injection period. Within the constraints of the trial designs employed no major safety issues were detected. (Bellamy-Cochrane², 2005) (Bellamy, 2006) Intra-articular viscosupplementation was moderately effective in relieving knee pain in patients with osteoarthritis at 5 to 7 and 8 to 10 weeks after the last injection but not at 15 to 22 weeks. (Modawal, 2005) This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. (Petrella, 2006) The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. (Stitik, 2007) Patients with moderate to severe pain associated with knee OA that is not responding to oral therapy can be treated with intra-articular injections. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs. injections of corticosteroids. (Zhang, 2008) Treatment with hylan or hyaluronic acids is thought to restore synovial fluid viscoelasticity, which is depleted in patients with OA. Hyaluronic acids