MAXIMUS Federal Services

Case Number:	CM13-0013975		
Date Assigned:	12/11/2013	Date of Injury:	05/31/2006
Decision Date:	04/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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:

This patient is a 51-year-old male with a date of injury of 05/31/2006. The listed diagnosis per [redacted] is osteoarthritis of the left knee. According to report dated 07/16/2013 by [redacted], the patient presents with continued pain of the left knee. It was noted that the patient has osteoarthritis of his knee and has great response from Voltaren gel. It was noted that patient had a Synvisc injection done several years ago. The examination of the left knee revealed a range from 0 to 130 degrees and +1 effusion, with a moderate degree of crepitation predominantly on the medial side. The provider is requesting a Synvisc-One injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SYNVISC-ONE INJECTION TO THE LEFT KNEE AS AN OUTPATIENT BETWEEN 8/9/13 AND 9/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hyaluronic acid (Synvisc) knee injection.

Decision rationale: The MTUS Guidelines do not discuss hyaluronic acid knee injections. The Official Disability Guidelines recommend hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen to potentially delay total knee replacement or who have failed previous knee surgery for the arthritis. But in recent quality studies, the magnitude of improvement appears modest. In this case, the report dated 05/14/2013 indicates that this patient has a deteriorating left knee and eventually may need surgery. This patient persists with left knee pain and is a candidate for a Synvisc injection. Therefore, the requested Synvisc-One injection is medically necessary and appropriate.