

Case Number:	CM13-0032420		
Date Assigned:	05/21/2014	Date of Injury:	01/27/2010
Decision Date:	07/11/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 57-year-old male with a date of injury of 01/27/2010. Per a treating physician's report dated 02/28/2014, the patient presents with diagnosis of chondromalacia patella, pain in joint, displacement of lumbar disk without myelopathy, and degenerative lumbar intervertebral disk. Treatment recommendations per this report were for pain medications including Protonix and Diclofenac, and lumbar ESI bilaterally at L2-L3. There is another report dated 01/23/2014 with the patient presenting with bilateral knee pains and suffering from chondromalacia at both knees. The patient has been treated with viscosupplementation from which he has done well. The patient is status post left knee arthroscopy in 2011, right knee surgery in 2012. The patient also has bilateral hip and low back pain. The request is for bilateral knee Synvisc-One 6 ml injection into bilateral knees, the request which was denied by utilization review dated 09/05/2013. Therefore, there are no progress reports that contain the specific request. There are no reports that antedate the utilization review denial letter of 09/05/2013. The rationale behind the denial was that the submitted reports showed subjective benefit but there were no documentation of reduced medication usage and the patient did not meet criteria for repeat injections. Furthermore, there was no indication for 2 injections to bilateral knees as Synvisc-One is a single injection rather than a series. Therefore, Synvisc-One, 2 injections to bilateral knees were not recommended for certification. Reports reviewed from this utilization review are dated 05/13/2013 that documents prior benefit from Synvisc-One. A 08/08/2013 report indicates that the patient had benefit from a 05/13/2013 Synvisc-One injection but there were no discussions of reduction on medication usage. There was persistent pain and the treater had apparently asked for repeat Synvisc-One injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC-ONE 6 ML INJECTION (48 MG) INTO BILATERAL KNEES, 2 INJECTIONS TO BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES ON SYNVISC FOR KNEE.

Decision rationale: The patient apparently had 2 Synvisc-One injections, the first one prior to 05/13/2013 and the second one on 05/13/2013 with both injections providing significant subjective improvement without documentation and of any medication reduction. The request was denied based on lack of documentation of medication reduction and lack of significant improvement in function. The recent 02/20/2014 report also indicates the patient has significant reduction of knee pains with Synvisc-One injections. The ODG specifically recommend viscosupplemental injections for "severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The ODG further states that while this injection is indicated for osteoarthritis of the knee, there is insufficient evidence for other conditions such as patellofemoral arthritis, chondromalacia patella, osteochondritis dissecans or patellofemoral syndrome. Given the lack of documentation of "severe osteoarthritis of the knees" for which viscosupplemental injections were indicated, and given the patient's diagnosis of chondromalacia which is not indicated for viscosupplementation injections, the request is not medically necessary and appropriate.

