

Case Number:	CM13-0041545		
Date Assigned:	12/20/2013	Date of Injury:	06/04/2006
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar fusion surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 11, 2013, the claims administrator denied a request for left knee Synvisc injections, stating that the request had been made too soon after the applicant's recent knee surgery and that time has not been allowed to determine whether the knee surgery was in fact successful. It is incidentally noted that the claims administrator acknowledged that the applicant did in fact have symptomatic knee arthritis. The applicant's attorney subsequently appealed. A September 4, 2013 progress note is notable for comments that the applicant has persistent knee, low back, and neck pain. The applicant is status post cervical spine surgery, lumbar spine surgery, and knee arthroscopy. Authorization for Synvisc injections was sought while the applicant was placed off of work, on total temporary disability. The applicant's left knee pain wound was described as well healing. The applicant was placed off of work, on total temporary disability. An earlier July 1, 2013 progress note is notable for comments that the applicant was again placed off of work, on total temporary disability. On June 14, 2013, the applicant did undergo removal of lumbar spine hardware between the L4 through S1 levels. On October 23, 2013, the applicant was described as having persistent knee pain. A series of three Synvisc injections were sought. The applicant was again placed off of work, on total temporary disability. Also reviewed is an operative report of August 23, 2013, in which the applicant underwent knee arthroscopic tricompartmental chondroplasty and partial medial and lateral meniscectomies. The applicant was described as having issues with chondromalacia, tears of the

medial and lateral meniscus, loose chondral bodies, synovial thickening, and partial anterior cruciate ligament (ACL) tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 3 LEFT KNEE SYNVISIC INJECTIONS (6 UNITS) 2 UNITS PER INJECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter knee Criteria for Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Third Edition, Knee Chapter, Knee Pain and Osteoarthritis section

Decision rationale: This appears to represent a first time request for Synvisc injections following an earlier knee arthroscopy on August 23, 2013. Thus, the applicant was six (6) weeks status post the knee arthroscopy in question when the Synvisc injections were sought. The ACOEM Guidelines indicate that Synvisc injections are endorsed in the treatment of moderate-to-severe knee osteoarthritis, as is present here. The guidelines also indicate that Synvisc injections can also be employed to treat postoperative pain following a meniscectomy procedure. In this case, the applicant does have knee pain associated with arthritis. It is further noted that the operative findings of loose chondral bodies, synovial thickening, chondral degeneration, are signs of knee arthritis. Given the failure of other treatments, a trial of Synvisc injections is indicated to treat the applicant's issues with knee arthritis and postoperative knee pain following an earlier meniscectomy. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.