

Case Number:	CM13-0054210		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2012
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a male patient with a date of injury of 4/16/12. An utilization review determination dated 10/30/13 recommends non-certification of Synvisc-One injection to the left knee. This report indicates that the patient has knee pain and has undergone physical therapy (PT), medications, cortisone injection, and left knee arthroscopic chondroplasty medial femoral condyle and microfracture chondroplasty of the trochlea. The MRI (magnetic resonance imaging) from 8/13/12 showed osteochondral lesion of the patella and anterior femoral condyle. The reviewer noted that hyaluronic injection is for osteoarthritis and the patient had an osteochondral defect on MRI with no indication of osteoarthritis being the main factor. A supplemental report dated 11/25/13 identified that the MRI had indicated possible osteochondral defects, but that is not the case, as the operative report identified chondromalacia, which is indicative of a generalized osteoarthritis. A progress report dated 10/31/13 identifies left knee pain with recurrent limping and giving way. The knee is swollen. A progress report dated 9/24/13 identifies subjective complaints including knee popping and giving way. Objective examination findings identify a small effusion. Diagnoses include left knee status post arthroscopic chondroplasty medial femoral condyle and microfracture chondroplasty of the trochlea. The treatment plan recommends Synvisc-One. The patient is currently using a cane and would like to avoid total knee arthroplasty if possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-One injection for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Regarding the request for Synvisc-One injection for the left knee, California MTUS does not address the issue. The Official Disability Guidelines (ODG) recommends this treatment for patients with significantly symptomatic osteoarthritis pain that interferes with functional activities who have not responded adequately to conservative treatment. The patients should not currently be candidates for total knee replacement unless they are younger patients wanting to delay it. Within the documentation available for review, there is documentation that the request was previously non-certified in utilization review for absent documentation of osteoarthritis being the main factor in the patient's knee pain, as the possibility of osteochondral defects was noted on the MRI (magnetic resonance imaging). The provider subsequently clarified that, at the time of surgery, there were findings indicative of a generalized osteoarthritis observed. The patient has left knee pain with limping, popping, swelling, and giving way. He uses a cane. He has failed treatment with physical therapy (PT), medications, cortisone injection, and left knee surgery. He is relatively young and wishes to delay total knee arthroplasty if possible. In light of the above, the currently requested Synvisc-One injection for the left knee is medically necessary.