

Case Number:	CM13-0057711		
Date Assigned:	12/30/2013	Date of Injury:	10/14/2011
Decision Date:	03/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 66 year-old female sustained an injury on 10/14/11 while employed by [REDACTED]. Request under consideration include Synvisc injection to the right knee. Diagnoses included right femoral neck fracture; right knee meniscal tear; lumbar strain/sprain, and multiple thoracic compression fractures. Treatment has included ORIF (open reduction internal fixation) of right femoral neck fracture in October 2011. Right knee MRI on 9/28/12 showed lateral meniscus tear and partial strain of medial collateral ligament. The patient has received previous corticosteroid injection for right knee. Report of 10/22/13 from pain management provider noted patient with right knee pain and lumbar pain improved. Exam of right knee showed mild swelling, joint line tenderness, positive crepitus, and positive McMurray's sign. Request for Synvisc injection was non-certified on 11/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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, Hyaluronic Acid Injections, pages 311-313

Decision rationale: This 66 year-old female sustained an injury on 10/14/11 while employed by [REDACTED]. Request under consideration include Synvisc injection to the right knee. Diagnoses included right femoral neck fracture; right knee meniscal tear; lumbar strain/sprain, and multiple thoracic compression fractures. Treatment has included ORIF (open reduction internal fixation) of right femoral neck fracture in October 2011. Right knee MRI on 9/28/12 showed lateral meniscus tear and partial strain of medial collateral ligament. The patient has received previous corticosteroid injection for right knee. Report of 10/22/13 from pain management provider noted patient with right knee pain and lumbar pain improved. Exam of right knee showed mild swelling, joint line tenderness, positive crepitus, and positive McMurray's sign. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request. The Synvisc injection to the right knee is not medically necessary and appropriate.