

Case Number:	CM13-0068424		
Date Assigned:	01/03/2014	Date of Injury:	09/19/1988
Decision Date:	04/10/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 50 year old male who has a date of work injury 9/19/88. There is a request for one Synvisc injection to the left knee. His original work-related injury was a crush injury to the left tibia in 1988 between two forklifts. At that time he sustained an open fracture of the tibia which was treated by debridement and casting. His initial casting was in a long-leg cast for 3 months followed by a short-leg weight bearing cast for an additional 3 months . A left knee MRI taken on 03/05/2013 demonstrated a torn left medial meniscus, a small joint effusion and synovitis along with a Baker's cyst. An x-ray obtained 4/23/13 of his left knee and left tibia revealed show some mild to moderate narrowing in the medial compartment of the left knee and a varus deformity from an old healed open fracture of the tibial diaphysis in approximately 7 degrees of varus. On 7/17/13 he underwent an arthroscopic partial left medial and lateral mensicectomy and major tricompartmental synovectomy for a torn medial meniscus with mechanical locking and DJD and a radial tear left lateral meniscus with florid tricompartmental synovitis. Postoperatively he had some issues. On a 7/31/13 follow up visit he notes that he had increased pain and swelling in the knee and appears to have "overdone it." He had some contact dermatitis involving the left lower leg. There was some mild erythema. He was placed on Keflex empirically. On 8/5/13 he had an issue where he "did something" to his knee, and had increased pain and swelling. An aspiration of his knee was negative for infection. On 8/9/13 patient had a trial of an intra-articular injection of cortisone to his left knee. An 8/29/13 primary treating physician note states that a physical therapy trial has helped patient immensely. A 9/28/13 primary treating physician progress note indicates that patient has rotational stress with the tibia externally rotated on the femur. This is consistent and over the medial aspect of his left knee. He has had no recurrent swelling of the joint. He does not feel he is capable of returning to work at

this point. A physical exam on this date reveals that the patient walks cautiously. The left knee had no effusion present. The range of motion was 0 to 120 degrees of flexion. He has tenderness primarily over the medial femoral condyle and over the medial joint line. He had no instability. The impression on this date is :1. recent arthroscopic partial medial and lateral meniscectomies for an industrial injury.2. Moderate chondromalacia medial and patellofemoral compartments (grade 3 chondromalacia). The recommendation is Sinvisc/viscosupplementation and remain off work with a follow up in 4 weeks. A 10/22/13 office visit reveals the patient walks with a very slight limp to the left. There is a mild effusion present. Range of motion is 0 to 120 degrees. He has moderate patellofemoral crepitation and tenderness primarily over the medial joint line. The recommendations were to try another steroid injection and send for Physical Therapy (PT). An 11/26/13 office visit reveals that patient had 4 physical therapy visits. He states of physical therapy visits have helped to some degree in maintaining his leg strength, but he has only received 4 sessions. Regarding pain control, he still requires Norco 10 mg, usually 1 tablet in the morning but sometimes as many as 2 to 3 tablets per day on an ongoing basis. He supplements this with ibuprofen 800 mg 3 times daily. His pain level continues and he continues to use a cane. The physical exam reveals that he continues to walk with a limp and a varus thrust during stance phase of gait. He has deformity of his left tibia from an old fracture. The left knee had a slight effusion present. The range of motion today was 0-113 degrees of flexion. There is tenderness primarily over the medial joint line and distal medial femoral condyle and moderate patellofemoral crepitation. The recommendations again are for viscosupplementation .. The treating p

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Synvisc injection, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web) 2013, Knee & Leg Chapter

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

Decision rationale: (1) Synvisc injection, left knee is not medically necessary per the ODG guidelines. The MTUS does not specifically address Synvisc injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation indicates that patient has attempted physical therapy, medication management and cortisone injections x 2 of his left knee without relief. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The physical exam/history and full synovial fluid analysis do not fulfill enough of the criteria as recommended by the American College of Rheumatology and the ODG for a Synvisc injection.

The current request is not supported per the Official Disability Guidelines and therefore 1 Synvisc injection, left knee is not medically necessary.