

Case Number:	CM13-0069328		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2011
Decision Date:	04/22/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Indiana, Michigan, and Nebraska. 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 patient is a 61 year old male that reported an injury on 2/11/12. The mechanism of injury was stepping off an elliptical machine after his morning workout. The medication listed is Naproxen. Surgical history includes right knee arthroscopy, umbilical hernia repair, inguinal hernia repair, and skin cancer in the left temple area. The clinical record dated 7/20/13 noted an MRI of the right knee on 5/9/12 with impression of Grade III tears versus grade II signals in the posterior and anterior horns of the medial meniscus. The menisci may be further assessed with MR arthrography. Several cysts in the distal femur measured to 2mm in diameter versus a larger approximately 2cm multilocular cyst. The latter is the favored impression. In the chondromalacia and patellae, there were no fractures, or dislocations. X-rays of the knees show perhaps slight medial compartment narrowing bilaterally with reasonable preservation of lateral compartments on the right knee. There was a history of chiropractic care in the 1990's. The patient was noted to have extension 189 degrees, flexion 135 degrees with no tenderness noted along the lines of the knee, positive Patellofemoral inhibition sign in the right knee, with inferior Patellofemoral compression the right. The patient describes a "twinge" in the right knee. The agreed medical evaluation dated 7/24/13 noted that on 2/13/12, the patient was given a knee brace and prescription for Naproxen and Tramadol. The note states that on 2/17/12 the patient was seen by [REDACTED] and [REDACTED]; his Tramadol was changed to Ultracet. On 6/6/12, the patient received an injection in his right knee of Celestone/ Lidocaine/ Marcaine. It was also noted that he attended post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that Synvisc injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, and when the documentation provided does not show or diagnosis the patient with osteoarthritis. There is insufficient evidence to utilize these injections for patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The guidelines say that hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. The documentation gave no objective or subjective complaints of pain or discomfort except a complaint of a "twinge" feeling in the right knee. The medical record dated 7/20/13 noted that range of motion for the right knee was extension at 189 degrees, flexion at 135 degrees with no tenderness noted along the lines of the knee, and positive patellofemoral inhibition sign in the right knee with inferior patellofemoral compression. There was no documentation of failed conservative care and or therapy notes provided in the medical records. Therefore the request is non-certified.

SYNVISC 16MG/3ML/2 UNITS (2 OF 3): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that Synvisc injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, and when the documentation provided does not show or diagnosis the patient with osteoarthritis. There is insufficient evidence to utilize these injections for patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The guidelines say that hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. The documentation gave no objective or subjective complaints of pain or discomfort except a complaint of a "twinge" feeling in the right knee. The medical record dated 7/20/13 noted that range of motion for the right knee was extension at 189 degrees, flexion at 135 degrees with no tenderness noted along the lines of the knee, and positive patellofemoral inhibition sign in the right knee with inferior patellofemoral compression. There was no documentation of failed

conservative care and or therapy notes provided in the medical records. Therefore the request is non-certified.