

Case Number:	CM14-0000523		
Date Assigned:	01/10/2014	Date of Injury:	07/10/2009
Decision Date:	04/22/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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 underlying date of injury in this case is 07/10/2009. The treating diagnosis is osteoarthritis of both knees. On 10/31/2013, the patient's treating orthopedic surgeon saw the patient in follow up regarding increasing pain in both knees. The patient was also noted recently to have had a partial tear of the right rotator cuff with calcific tendinitis. On examination of the knees, the patient was noted to have a moderate degree of crepitation in both knees, with more difficulty in the right than the left. The orthopedist diagnosed the patient with osteoarthritis of both knees and noted that the patient previously was treated with Synvisc-One. He indicated that he would instead request a trial of Gel-One. An initial physician review concluded that the medical records did not support an indication for repeat viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRAIN, INJECT JOIN, BURSA: Upheld

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), Section on Knee, Hyaluronic Acid Injections, and Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA) -approved labeling information for Gel-One

Decision rationale: The Medical Treatment Utilization Schedule does not discuss viscosupplementation or injection with Hyaluronic acid. This topic is discussed in the Official Disability Guidelines (ODG), which states that Synvisc-One is the only single-injection viscosupplementation approved in the United States for the treatment of osteoarthritis pain; subsequently Food and Drug Administration (FDA) -approved labeling information for Gel-One describes this as a single-injection viscosupplement gel for the treatment of symptomatic osteoarthritis or the knee. This manufacture's labeling information does not indicate that it has been demonstrated to be superior to other viscosupplementation agents. The reference from the ODG indicates that comparing viscosupplementation agents there is somevariation, in particular in the duration of improvement among different agents. However, this guideline does not indicate there is a benefit to attempting repeat trials of varying hyaluronic acid formulations or to repeating this treatment if previous treatment has been ineffective. Therefore, for this patient who previously did not have a clinically significant improvement from Synvisc-One, the treatment guidelines do not provide a basis for treatment with Gel-One, nor do the medical records provide a compelling rationale as to why the alternate agent would be expected to be beneficial. Therefore, the requested treatment is not medically necessary.