

Case Number:	CM14-0004914		
Date Assigned:	01/24/2014	Date of Injury:	05/09/2001
Decision Date:	06/26/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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:

This is a 40-year-old male patient with a 5/9/01 date of injury. Medical records from 2012 to 2013 were reviewed, indicating persistent, at least moderate, left knee pain. The patient has undergone several previous Synvisc-one injections, on 4/1/13 and 8/3/12, 6/8/12, 2/2/11, 4/4/11, 8/16/10. The patient has also had Kenalog injections. Treatment to date has included medication and activity modification. The patient underwent two previous left knee arthroscopies in 2004 and 2009. 8/30/13 left knee x-rays demonstrate well-maintained joint spaces throughout with mild patellofemoral degenerative disease. 8/30/13 progress report indicates probable mites degenerative joint disease of the left knee. The patient was absolutely not considered a surgical candidate for total knee replacement. 12/9/13 progress report indicates persistent left knee stiffness, achiness and pain, difficulty with bending and squatting activities. Physical exam of the left knee demonstrate negative McMurray's, negative Apley's compression test, positive patellofemoral crepitation and positive grind test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SYNVISCO-ONE VISCOSUPPLEMENTATION (6ML) TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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; Viscosupplementation

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines (ODG) indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. However, the patient's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. There are concerns as to the severity of the patient's osteoarthritis, as recent X-rays demonstrated well-maintained joint spaces throughout with mild patellofemoral degenerative disease. With minimal evidence of degenerative changes on recent imaging and numerous previous Synvisc and Kenalog injections, assessment of objective response would be imperative. Therefore, the request for 1 synvisc-one viscosupplementation (6ml) to the left knee was not medically necessary.