MAXIMUS Federal Services

Case Number:	CM14-0007253		
Date Assigned:	02/12/2014	Date of Injury:	01/27/2010
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with date of injury of 01/27/2010. The listed diagnoses per [redacted], dated 12/04/2013, are ongoing right knee pain and moderate osteoarthritis/ chondromalacia. According to the report, the patient complains of right knee pain. He rates his pain 5/10 to 7/10. The pain is aggravated especially by sitting for more than 30 minutes. He denies any recent swelling of the knee. The patient had a Synvisc-One¿ injection which gave him better relief in February 2012 compared to the Orthovisc from November 2012. The physical exam shows the patient has no increased warmth or ballotable effusion in the right knee. There is no palpable popliteal cyst. The patient has some crepitus on range of motion especially in the patellofemoral joint. There is no instability. He has slight pain with Spring test. He has full extension and flexion to 120 degrees. The provider also mentions some imaging studies stating, "MRI and intra-operative arthroscopic images that are consistent with severe Chondromalacia. The patient still has fairly well-maintained joint spaces on weight bearing per x-rays." However, these imaging studies were not made available for review. The utilization review denied the request on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT SYNVISC ONE INJECTION RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Hyaluronic Acid Injections.

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

Decision rationale: This patient presents with chronic right knee pain. The provider is requesting 1 Synvisc-One¿ injection for the right knee. The California MTUS and ACOEM guidelines do not address this request. However, ODG on Synvisc-One¿ states that it is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears to be modest at best. The report dated 10/11/2013 shows that the patient has utilized Naprosyn 500mg, Glucosamine-Chondrotin, Etodolac, Cosamin DS, and Orthovisc injection with minimal relief. In this same report, the patient would like to lose some weight prior to considering total knee replacement in order to optimize his postoperative recovery. In this case, the patient does have a diagnosis of severe osteoarthritis of the knee but has already tried Orthovisc injection with minimal relief. Orthovisc is also a viscosupplementation injection. Given the prior failure, recommendation is for denial.