

Case Number:	CM14-0109347		
Date Assigned:	08/01/2014	Date of Injury:	09/24/2012
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Pain 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:

The injured worker is a 40 year old male who reported an injury on 09/24/2012. The mechanism of injury was not indicated in the clinical notes. His diagnoses included an acute right knee sprain, right hand strain, Plica syndrome, and chondromalacia patellae. The injured worker's past treatments included surgery and physical therapy. His diagnostic exams consisted of an MRI performed on 03/24/2014 and an X-Ray performed on 02/18/2014. His surgical history included a right knee meniscectomy on an unspecified date. On 05/28/2014, he complained of pain to the medial joint line. The physical exam revealed mild swelling and full range of motion. His medications were not included in the clinical notes. The treatment plan consisted of 3 Synvisc injections into the right knee. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections X 3 Right Knee: 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), Treatments for Workers Compensation, Online Edition Chapter: Knee & Leg

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

Decision rationale: The request for Synvisc Injections X 3 Right Knee is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to 3 months of recommended conservative treatments to include a cortisone injection, exercise, NSAIDs or acetaminophen and to potentially delay total knee replacement. While osteoarthritis of the knee is a supported indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome because the effectiveness of hyaluronic acid injections for these indications has not been established. The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. Based on the clinical notes the injured worker has continued complaints of right knee pain but there is no clinical objective evidence that determines that his pain has an etiology pertaining to osteoarthritis. The guidelines state there must be documented symptomatic severe osteoarthritis of the knee. The physical therapy clinical notes indicate that the injured worker made no progress between 01/29/2014 and 04/04/2014. His range of motion on 01/29/2014 was 0 degrees and on 04/04/2014 it remained 0 degrees for flexion, extension, and internal/external rotation. This failure of nonpharmacologic therapy after at least 3 months would be supported by the guidelines. However, there was lack of documentation indicating that his pain interfered with his activities of daily living and functional capabilities. Additionally, there was no indication that there were prior trials of aspiration and injection of intra-articular steroids that have failed to alleviate the injured workers discomfort. Also, the injured worker has a diagnosis of chondromalacia patella, which is not supported by the guidelines due to lack of evidence that establishes effectiveness of hyaluronic acid injections for this indication. Therefore, due to lack of documentation indicating that injured worker failed to adequately respond to aspiration and injection of intra-articular steroids; lack of documentation indicating that his pain interfered with his activities of daily living and functional capabilities, and a diagnosis of chondromalacia patella the request is not supported. Hence, the request for Synvisc Injections X 3 Right Knee is not medically necessary.