

Case Number:	CM14-0010719		
Date Assigned:	02/21/2014	Date of Injury:	06/07/2011
Decision Date:	12/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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:

This is a 44-year-old gentleman with a date of injury of 11/07/13. Mechanism of injury was a slip and fall on a wet and slippery hill while doing weed wacking. He sustained injury to the right knee. He was found on magnetic resonance imaging (MRI) to have a meniscus tear and underwent arthroscopy on 9/21/13. Following the surgery, the patient continued to have symptoms of pain despite medications, physical therapy (PT) and corticosteroid injection. An orthopedic quality medical examiner (QME) was done on 3/07/14, and the orthopedic QME deemed the patient Permanent and Stationary. The QME notes that there are degenerative changes at the knee, and did recommend Synvisc injection and/or corticosteroid injection if knee pain becomes significant. The precision time protocol (PTP) also wrote a P & S report as of 10/15/14. There is a Utilization Review report from 1/16/14. It is unclear if there are more recent reports. An adverse decision was rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SYNVISIC INJECTION TO THE RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER UPDATED 1/9/14

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the California Medical Treatment Utilization Schedule (MTUS) are silent on viscosupplementation, therefore, consider Official Disability Guidelines (ODG), which states that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Documentation must reflect significantly symptomatic osteoarthritis that has not responded to conservative non-pharmacologic and pharmacologic therapies. ACR criteria to establish symptomatic and severe osteoarthritis include at least 5 of the following: 1) Bony enlargement; 2) Bony tenderness; 3) Crepitus; 4) ESR < 40 mm/hr; 5) Less than 30 minutes of morning stiffness, 6) No palpable warmth of synovium; 7) Over 50 years old; 8) Rheumatoid factor less than 1:40, and 9) Synovial fluid signs. Other criteria include pain affecting functional activity, failure to respond to aspiration/injection, performed without fluoroscopy or ultrasound, not candidates for TKR, failed prior knee surgery. In this case, the patient has a history of knee injury with meniscus tear who is s/p arthroscopy. The patient also had degenerative changes at the knee. Both a QME and the primary treating orthopedist recommended Synvisc. The patient has persistent symptoms despite post-op PT, medications (NSAIDS), and corticosteroid injection. For ongoing residual symptoms, this is a reasonable option. Outpatient Synvisc injection to the right knee is medically necessary.