

Case Number:	CM14-0018965		
Date Assigned:	04/23/2014	Date of Injury:	09/30/2009
Decision Date:	07/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 59 year old male who reportedly sustained multiple injuries secondary to a slip and fall on 09/30/09. Per progress report dated 11/26/13, the injured worker complains of cervical pain with radiculitis, thoracic spine pain, lumbar spine pain with sciatica, and left knee pain. He is status post left knee arthroscopy on 04/11/12 with partial medial meniscectomy and chondroplasty, followed by post-op physical therapy. The injured worker is noted to have had a very good response to the surgery, but with time the symptoms in the left knee have become worse. Magnetic Resonance Arthrogram (MRA) of the left knee dated 10/29/13 showed evidence of prior partial medial meniscectomy. There is a focal articular cartilage defect in the weightbearing portion of the medial femoral condyle measuring 11mm x 12mm; the remainder of the articular cartilage within the knee including the anterior and lateral compartments is preserved. Mild proximal patellar tendinosis also is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION, 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, Hyaluronic acid injections.

Decision rationale: ODG guidelines note that viscosupplementation injections may be an option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory medications/NSAIDs or acetaminophen), to potentially delay total knee replacement. There should be documented symptomatic severe osteoarthritis of the knee, and pain that interferes with functional activities. There also should be failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, there is no detailed physical examination of the left knee, and no comprehensive history documenting failure of conservative treatment for the left knee. Based on the clinical information provided submitted for review, the request for Synvisc Injection, Left Knee is not medically necessary.