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| Case Number: | CM14-0118565 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 09/22/2011 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 Family 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 47-year-old male who reported an industrial injury on 9/22/2011, three (3) years ago, attributed to the performance of his usual and customary job tasks reported as picking up a box turning and perceiving a pop in his left knee. The patient continues to complain of left knee pain and has been treated with medications, activity modifications, corticosteroid injection, and a knee brace. The patient is status post left knee arthroscopy with partial medial and lateral meniscectomies and chondroplasty of the medial femoral condyle and patellofemoral joint on 2/2/2012. The patient is documented to have had Orthovisc injections a series of three to the left knee that failed to provide any functional improvement. The objective findings on examination include height 5'7"; weight 262 pounds; BMI 41; no visible edema or erythema; range of motion was full but painful; tenderness to the medial joint line; Lachman's test negative; stable valgus and varus stress; no gross motor deficits; distal sensation was intact to light touch. The diagnosis was left knee status post arthroscopy with partial meniscectomies and chondroplasty. The treatment plan included one Synvisc injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee chapter--Hyaluronic acid injections

Decision rationale: The provider did not document objective evidence to support the medical necessity of continued viscosupplementation for the treatment of the left knee in relation to the criteria recommended by the MTUS Guidelines. There is no demonstrated grade of osteoarthritis. The patient is status post left knee arthroscopy with partial meniscectomies and chondroplasty; however, there is no stated imaging findings on x-rays or MRI to determine whether the patient has severe osteoarthritis warranting a possible TKA in the near future. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as, arthroscopic debridement. There is no demonstrated medical necessity for additional viscosupplementation, as there was no functional improvement demonstrated with the Orthovisc injections. As such, the request is not medically necessary.