

Case Number:	CM14-0137956		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2013
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 57 years old male with a 7/12/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/30/14 noted subjective complaints of right knee pain. Objective findings included right knee medial tenderness to palpation, crepitus. An operative report 6/2/14 was reviewed and there was no mention of arthroscopic evidence of osteoarthritis. Diagnostic Impression: medial meniscus tear Treatment to Date: arthroscopic medial and lateral meniscectomy, physical therapy, medication management A UR decision dated 8/15/14 denied the request for Synvisc injection 1 x 3 right knee. There is no clear evidence of a symptomatic severe osteoarthritis of the knee to warrant this injection. There was also no evidence that he has undergone and failed knee steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections (1x3) to the 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), Chapter: Knee & Leg Hyaluronic 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 and leg

chapter Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature ('Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis')

Decision rationale: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that have not responded adequately to standard nonpharmacologic and pharmacologic treatments or for those who cannot tolerate these therapies; or for patients who are not a candidates for total knee replacement or have failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain X-ray or arthroscopy findings diagnostic of osteoarthritis. However, there was no mention of osteoarthritis in the operative report of the arthroscopic surgery performed on 6/2/14. There is also no record of plain X-rays demonstrating osteoarthritis. Additionally, there is no clear documentation of failure of other conservative management including PT and medication management. Therefore, the request for Synvisc injections (1x3) to the right knee is not medically necessary.