

Case Number:	CM14-0178460		
Date Assigned:	10/31/2014	Date of Injury:	12/10/2012
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 Texas and Ohio. 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 58-year-old female who reported an injury on 12/10/2012. The mechanism of injury was a motor vehicle accident. Her diagnoses included status post right knee arthroscopic chondroplasties of his medial femoral condyle, lateral tibial plateau, lateral femoral condyle, and microfracture chondroplasty of the patella, and left knee status post contusion with chondral versus osteochondral defect of the patella. The past treatment included physical therapy, NSAIDs, and pain medications. There were no imaging studies provided for review. The surgical history was not included other than as stated within the diagnoses. The progress note, dated 10/09/2014, noted the injured worker complained of very significant pain to the unspecified knee, contralateral knee pain, and low back pain resumed. The physical exam notes no right knee effusion, full extension, and pain with maximal flexion and extreme extension. Examination of the left knee is not provided. The treatment plan requests authorization for Synvisc injection of the right knee and notes further treatment of the left knee would be considered in the future as the right knee is currently more painful. The Request for Authorization form was submitted for review on 10/09/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Synvisc injection

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-One injection to the left knee is not medically necessary. The injured worker had immeasurable left knee pain, without objective evaluation provided. The Official disability guidelines state hyaluronic acid injections, including Synvisc, are recommended as a possible option for severe osteoarthritis only, and may be used to potentially delay total knee replacement for younger patients. The criteria for use include significantly symptomatic osteoarthritis which has not responded adequately to the recommended conservative treatments for at least 3 months, documentation of symptomatic severe osteoarthritis of the knee (which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.) with pain that interferes with functional activities, and failure to adequately respond to injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indication. There was no indication that the injured worker had osteoarthritis of the knee. There was no indication of bony enlargement, crepitus, or morning stiffness of the left knee. There was no indication of interference with function of the left knee. There was no indication of a trial of intra-articular steroid injections. As such, the use of Synvisc injections to the left knee is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.