

Case Number:	CM14-0178986		
Date Assigned:	11/03/2014	Date of Injury:	02/21/2013
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
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 and is licensed to practice in California and Arizona. 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 57-year-old male who reported an injury on 02/21/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right knee medial meniscus tear, right knee Chondromalacia, and status post right knee surgery. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications consisted of Norco 10/325 mg. An MRI of the right knee obtained on 03/21/2013 demonstrated moderate to advanced medial compartment arthropathy; tear of the posterior horn and body of the medial meniscus; and moderate lateral compartment arthropathy. On 07/01/2014, the injured worker complained of right knee pain. On examination of the right knee, portals were clean, dry, and intact. There was no calf pain or swelling noted. The neurovascular status was intact. Range of motion was restricted due to pain. Flexion of the right knee was measured at 80 degrees and extension was measured at 5 degrees. The treatment plan was for the injured worker to continue with physical therapy and undergo Synvisc injections of the right knee. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection of 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

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

Decision rationale: The request for a Synvisc injection of the right knee is not medically necessary. The guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments and potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. It was noted in the documentation that the injured worker underwent right knee surgery on 06/19/2014. The documentation also indicated that the injured worker was undergoing physical therapy. There was no evidence to suggest that conservative treatment had been trialed and failed. There was also no evidence as to a diagnosis of severe osteoarthritis in the injured worker's right knee. The submitted documentation lacked any motor strength, or pain levels for the injured worker knee. Additionally, there was no rationale submitted for review to warrant the request of a Synvisc injection of the right knee. Given the above, the injured worker is not within the Official Disability Guidelines recommended criteria. As such, the request is not medically necessary.