

Case Number:	CM14-0181177		
Date Assigned:	11/05/2014	Date of Injury:	11/07/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 38-year-old woman who sustained a work-related injury on November 7, 2013. Subsequently, she developed chronic left knee pain. On May 20, 2014, the injured worker underwent a left knee arthroscopic surgery with partial medial meniscectomy, removal of loose body, synovectomy, and chondroplasty of the above mentioned. X-ray of the left knee dated November 7, 2013 showed negative findings. MRI of the left knee dated March 7, 2014 showed evidence of oblique tear of the posterior horn of the medial meniscus with slight patellar tilt. There was synovial thickening. The injured worker initiated physical therapy for 6 sessions and was prescribed medications. According to the progress report dated March 21, 2014, the injured worker complained of compensatory low back pain. She described left knee swelling, give-away, and does not lock. She described sensation of hyperextension with walking. Examination of the left knee revealed evidence of extension lag of 5 degrees. There was flexion to 100 degrees. There was tenderness over the medial joint compartment to pressure. There was no instability to varus/valgus. There was soft calf. The injured worker was diagnosed with left knee meniscus tear and low back pain secondary to the left knee injury. The provider requested authorization for Synvisc injection for the left knee and re-evaluation in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection for The Left Knee & Re-Evaluation in 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Knee/Leg, Web Edition (ODG); Criteria for Hyaluronic acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid injections,
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain A meta-analysis of clinical trials concluded that, from baseline to week 4, intra-articular corticosteroids appear to be relatively more effective for pain than intra-articular hyaluronic acid, but by week 4, the 2 approaches have equal efficacy, and beyond week 8, hyaluronic acid has greater efficacy. In patients who are candidates for TKR, the need for TKR can be delayed with hyaluronic acid injections. There is no documentation that the patient failed conservative therapies. There is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. There is no strong controlled study supporting the efficacy and safety of Hyaluronic acid injections for the treatment of knee osteoarthritis. The medical necessity for Synvisc injection for the left knee with reevaluation in 6 weeks is not established; therefore, the request is not medically necessary.