

Case Number:	CM14-0025730		
Date Assigned:	06/13/2014	Date of Injury:	08/24/2010
Decision Date:	08/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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. 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 patient with a date of injury of August 24, 2010. A utilization review determination dated February 13, 2014 recommends noncertification for a series of Synvisc injections for the right knee. No medical necessity has been determined due to lack of documentation of failed conservative treatment and a diagnosis of osteoarthritis. A progress report dated February 4, 2014 identifies subjective complaints of pain in the right knee. A cortisone injection lasted one week. The patient has problems squatting and twisting and even sitting for a long period of time. She is working on weight reduction. Current medications include Motrin, Norco, and tramadol. Physical examination identifies medial joint line tenderness with trace medial collateral laxity. Diagnosis is medial compartment degenerative joint disease status post arthroscopy. The treatment plan indicates that the patient has responded poorly to surgical intervention with minimal improvement to steroid injections in the knee. Therefore, consideration should be given to a Synvisc injection for the right knee. A note dated December 31, 2013 indicates that the patient underwent chiropractic treatment and acupuncture. A progress report dated December 2, 2013 recommends continuing the patient's muscle strengthening program. A progress report dated November 4, 2013 recommends continuing physical therapy. A surgical report dated September 19, 2013 identifies osteophytosis on the superior lateral aspect of the trochlea. A progress report dated August 28, 2013 includes a summary of the right knee MRI dated May 23, 2012 which identifies moderate degenerative changes with osteophytes of the femoral condyle, patella, and proximal tibia.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC SERIES RIGHT KNEE (TOTAL OF 3 INJECTIONS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, 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) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc injection x 3 right knee, California MTUS does not address the issue. The ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, the requesting physician has identified physical examination findings, subjective complaints, MRI findings, and an operative report supporting a diagnosis of osteoarthritis of the patient's right knee. The patient has reportedly undergone chiropractic treatment, physical therapy, a home strengthening program, anti-inflammatory medication, opiate pain medication, and a steroid injection without substantial relief of her symptoms. As such, the currently requested Synvisc injection for the right knee X3 is medically necessary.