

Case Number:	CM14-0029951		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2011
Decision Date:	09/12/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family Practice 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:

The claimant is a female who reported an industrial injury to the knees on 6/25/2012, over two years ago, attributed to the performance of her customary job tasks reported to be due to cumulative trauma. The MRI of the left knee demonstrated a medical meniscus tear. The patient was treated with a Synvisc injection to the left knee for the diagnosis of OA (osteoarthritis) and meniscus tear. The patient was noted to have received a Synvisc injection to the right knee which was "somewhat beneficial." The objective findings on examination included TTP along the patellofemoral articulation and positive patellofemoral crepitation; ROM (range of motion) 0-120 degrees; and 1+ effusion. The diagnosis was bilateral knee OA. The treatment plan was to provide Synvisc to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOS 1/27/2014: Synvisc one injection to the left knee 6ml (48mg) (J7326): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections.

Decision rationale: The patient is diagnosed with osteoarthritis of the left knee and is being recommended Synvisc injections for continued knee pain directed to the diagnosis of unspecified osteoarthritis. The clinical narrative provided no objective findings to the bilateral knee to support medical necessity of the requested viscosupplementation. The OA of the knee documented did not support the medical necessity for viscosupplementation. There is no indication that the patient is attempting to delay a TKA. There is no demonstrated medical necessity for the use of Synvisc injections for the treatment of osteoarthritis of the bilateral knee for early degenerative changes. The patient is documented to be worsening with no significant objective findings on examination of painful OA of the bilateral knee. The provider did not provide x-ray evidence of arthritic changes to the bilateral knees. There was no assessment of the grade of chondromalacia or OA of the bilateral knees. The patient was provided a right knee Synvisc injection with only minimal improvement and no demonstrated functional improvement. The provider did not document objective evidence to support the medical necessity of viscosupplementation for the treatment of the bilateral knee in relation to the criteria recommended by the California MTUS. There is no Grade of OA documented or any objective findings on examination. There is no x-ray evidence of medial compartment collapse. The patient has ongoing bilateral knee pain; however, there has been no documented failure of NSAIDs corticosteroid injections. The criteria recommended for the use of viscosupplementation by the CA MTUS is not documented on the clinical narrative upon which Synvisc injections were recommended in the treatment plan. The request for authorization of the Synvisc injections is not supported with objective evidence not demonstrated to be medically necessary for the treatment of probable early degenerative joint disease as recommended by the CA MTUS and the Official Disability Guidelines. The patient is diagnosed with a knee osteoarthritis however it is not clear by the provided clinical notes what conservative treatment has been attempted by the patient in relation to the bilateral knee prior to the request for viscosupplementation. There is no objective evidence provided to support the medical necessity of viscosupplementation to the knee at this time. The objective findings on examination are consistent with patellofemoral syndrome which is not recommended to be treated with viscosupplementation. It is not clear that the patient has participated in a self-directed home exercise program for conditioning and strengthening in relation to the knees. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement. Therefore, the request is not medically necessary.