

Case Number:	CM14-0035500		
Date Assigned:	06/23/2014	Date of Injury:	08/19/1998
Decision Date:	07/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/22/2014

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 Management 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 8/19/98. A utilization review determination dated 3/19/14 recommends non-certification of Synvisc injections to the left knee. An x-ray and MRI reports do not describe any significant osteoarthritis. A 4/17/14 medical report identifies left knee pain 6/10 mainly medially, radiating down the leg with giving way. It then states that left knee pain is 8/10. On exam, there is medial joint tenderness. The McMurray's and Apley's are positive for medial joint click. The provider notes that the left knee has medial and lateral meniscus tears and the patient will require a set of three Synvisc injections and possibly a meniscectomy in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE (3) SYNVISIC INJECTIONS FOR 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, 12 the Edition (web), 2014, Knee & Leg, 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: The Official Disability Guidelines support hyaluronic acid injections for patients with significantly symptomatic osteoarthritis, who have not responded adequately to non-pharmacologic (exercise) and pharmacologic treatments, or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities, such as 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, there is no evidence of left knee osteoarthritis on x-ray or MRI, and it appears that the patient's complaints are related to meniscal tears rather than osteoarthritis. As viscosupplementation injections are not supported for the management of meniscal tears, there is no clear indication for their use in this patient's left knee. In light of the above issues, the currently requested series of three (3) Synvisc injections for the left knee is not medically necessary.