

Case Number:	CM14-0046705		
Date Assigned:	07/02/2014	Date of Injury:	07/06/2011
Decision Date:	09/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/15/2014

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 7/6/11. A utilization review determination dated 3/31/14 recommends non-certification of Synvisc One. 7/10/14 medical report identifies a flare-up of the knee with pain to the lateral aspect. She had an episode where it buckled on her. Pain has been present for a couple of weeks. On exam, there is tenderness to the lateral compartment. MRI from 7/13 was said to show postsurgical changes with lateral patellar chondromalacia. Recommendations included Synvisc One. Updated MRI studies were also discussed as the patient is also having mechanical symptoms, but the provider would like to see how the patient does with the viscosupplementation injection. 3/20/14 medical report identifies that Synvisc One was done in November of 2013 with excellent relief of symptoms and a repeat injection was recommended for the next visit. She is young and active and not a candidate for TKA. She has clear intraoperative and x-ray evidence of medial and patellofemoral compartment joint space narrowing. She is symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc viscosupplementation injection to the right knee, QTY: 1: 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 in Workers Compensation (TWC), Knee and Leg Procedure Summary last updated 01/20/2014: 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) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc, California MTUS does not address the issue. ODG recommends if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to repeat viscosupplementation injections. Within the documentation available for review, the patient is noted to have been receiving injections approximately every 6 months, but the medical report at the time of the request suggests that the patient's pain relief lasted significantly less than the 6 months recommended by ODG if repeat injections are desired. In light of the above issues, the currently requested Synvisc is not medically necessary.