MAXIMUS Federal Services

Case Number:	CM14-0062586		
Date Assigned:	07/11/2014	Date of Injury:	05/11/2013
Decision Date:	09/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

40 pages were provided for review. The IMR form was signed on 5-5-14. The request that was denied or modified was Synvisc injections times three for the left knee. The diagnoses were old disruption of the anterior cruciate ligament, pes anserinus tendinitis or bursitis, and sprain strain of the knee and leg.The claimant was injured 5-1-13 from repetitive action of coming down on his knees. He reportedly did well after the second Synvisc injection, and he returned for a third. The objective improvement out of the injection however was not quantified.The MRI from 8-22-13 showed thinning and scuffing of the medial meniscus, slight chondral changes, and mild sprain of the Anterior Cruciate Ligament (ACL). There was however no documentation of osteoarthritis or significant knee degeneration. There was a letter from the doctor dated June 18, 2014. The viscosupplementation reportedly decreased his discomfort. The left knee pain though has increased by 50% and he is now having locking, catching and give-way of the knee. He completed physical therapy, medicine, activity restrictions and bracing. Other notes from May 7, 2014 and March 26, 2014, and earlier were reviewed. Medicines were Relafen, Prilosec and Norco. He worked as a Food-4-Less stocker. He had pain in both knees from repetitive bending, climbing, kneeling and stooping. Ibuprofen 800 mg and Norco are mentioned in an August 2013 note. He is a smoker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Synvisc injections to 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, for knee and 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, under Hyalgan/Synvisc Knee Injections.

Decision rationale: The MTUS is silent on forms of Hyalgan injections to the knee. The ODG note these injections are recommended as an option for osteoarthritis. The injections are for those 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). This patient however has no documentation of osteoarthritis, which is the specific condition that evidence-based studies have shown the injections are helpful for. As the evidence-based guides note these injections are only effective for osteoarthritis, its use in this case is not supported. Therefore, the request of three (3) Synvisc injections to the left knee is not medically necessary and appropriate.