

Case Number:	CM14-0069692		
Date Assigned:	07/14/2014	Date of Injury:	01/03/2001
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 62-year-old female with a 1/3/01 date of injury and status post right knee arthroscopic surgery 3/28/14. At the time (4/1/14) of request for authorization for Right knee Synvisc , one injection, there is documentation of subjective (chronic right knee pain stable after recent arthroscopy) and objective (redness over the front of the right knee that seems more of a reaction than sign of infection) findings, arthroscopy findings (inflammation of the right knee with a chondrocalcinosis condition of the joint secondary to chronic inflammation, medial and lateral meniscal tearing, and advanced cartilage loss of the femoral trochlear), current diagnoses (status post right knee meniscectomy and chondroplasty), and treatment to date (right knee meniscectomy and chondroplasty, NSAIDs, range of motion exercises, physical therapy, and activity modification). In addition, medical report plan identifies viscosupplementation treatment at four weeks after surgery and to continue Aspirin therapy. There is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard pharmacologic treatments or is intolerant of these therapies; failure of additional conservative therapy (weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and that hyaluronic acid injection after knee arthroscopic meniscectomy will not be performed in the first 6 weeks after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Synvisc, (1) injection: Upheld

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance; and that Hyaluronic acid injection after knee arthroscopic meniscectomy should not be performed in the first 6 weeks after surgery. Within the medical information available for review, there is documentation of a diagnosis of status post right knee meniscectomy and chondroplasty. In addition, there is documentation of failure of conservative (physical therapy) treatment and arthroscopy findings diagnostic of osteoarthritis. However, despite documentation of chronic right knee pain, and given documentation of subjective findings (chronic right knee pain stable after recent arthroscopy) and a plan to continue Aspirin therapy, there is no (clear) documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard pharmacologic treatments or is intolerant of these therapies. In addition, there is no documentation of failure of additional conservative therapy (weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection). Furthermore, given documentation of a 3/28/14 date of arthroscopic meniscectomy surgery and a 4/1/14 medical repost plan identifying a request for viscosupplementation treatment at four weeks after surgery, there is no documentation of that hyaluronic acid injection after knee arthroscopic meniscectomy will not be performed in the first 6 weeks after surgery. Therefore, based on guidelines and a review of the evidence, the request for Right knee Synvisc , one injection is not medically necessary.