

Case Number:	CM14-0077707		
Date Assigned:	07/18/2014	Date of Injury:	09/12/2012
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

This is a patient with a date of injury of 9/12/12. A utilization review determination dated 4/22/14 recommends non-certification of a Synvisc One injection. 4/15/14 medical report identifies popping in both sides of the knee and difficulty sleeping at night. She has been in constant pain. On exam, there is right knee lateral joint line tenderness. ROM is 0-125 degrees. McMurray test is positive on the right. The provider noted that, at the time of surgery 7/19/13), there was grade 3 chondromalacia to the lateral compartment, which is where she is having pain. She has failed cortisone injection and the provider does not believe that further arthroscopy would be of benefit. She is currently working. She was noted to be an excellent candidate for Synvisc One injection. 1/6/14 QME report noted right knee pain increased by ADLs and decreased by rest. There was locking of the knee relieved by knee extension with a pop. There was also swelling. It recommended additional formal therapy treatment and also noted that she is a candidate for injections which can include steroid or viscosupplementation, as well as a light supportive knee brace and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 One injection right knee, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., 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, the patient has constant knee pain and popping with difficulty sleeping at night due to the pain. The provider noted that, at the time of the previous arthroscopic surgery almost 1 year prior to the request, grade III chondromalacia was noted. There has been failure of conservative treatment including PT, bracing, and corticosteroid injection, and she was not considered a candidate for further surgery at the time of the request. Given the presence of arthritis causing functional difficulties and pain at rest failing other forms of conservative treatment, viscosupplementation injection appears appropriate. In light of the above, the currently requested Synvisc One injection right knee is medically necessary.