Case Number:	CM14-0080585		
Date Assigned:	07/21/2014	Date of Injury:	01/29/2008
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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, 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:

According to the records made available for review, this is a 42-year-old male with a 1/29/08 date of injury. At the time (5/13/14) of request for authorization for Synvisc Injection ,Left Knee Qty:1 and Platelet Rich Protein Injection, left knee qty.1, there is documentation of subjective (left knee pain) and objective (blood pressure of 130/80 mmHg, pulse rate of 77 bpm, and body mass index of 33.3 kg/m2) findings, current diagnoses (degenerative joint disease of left knee), and treatment to date (medications, chiropractic therapy,2 previous Synvisc injection which relieved pain, and physical therapy). Regarding Synvisc, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; plain x-ray or arthroscopy findings diagnostic of osteoarthritis; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Synvisc injections to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection ,Left 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-TWC; Official Disability Guidelines Treatment; Treatment/Disability Duration 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, 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 treatment (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 Synvisc Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of degenerative joint disease of left knee. In addition, there is documentation of 2 previous Synvisc injection treatments. Furthermore, there is documentation of failure of conservative treatment (physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection). However, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In addition, despite documentation of pain relief with previous Synvisc injections, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sinvisc injections to date. Therefore, based on guidelines and a review of the evidence, the request for Synvisc Injection ,Left Knee Qty:1 is not medically necessary and appropriate.

Platelet Rich Protein Injection, left 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 Treatment; Integrated Treatment/Disability Duration 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, Platelet-Rich Plasma Therapy.

Decision rationale: MTUS does not address this issue. ODG identifies that platelet-rich plasma therapy to the knee is under study. Therefore, based on guidelines and a review of the evidence, the request for Platelet Rich Protein Injection, left knee qty.1 is is not medically necessary and appropriate.