

Case Number:	CM14-0119810		
Date Assigned:	08/06/2014	Date of Injury:	11/30/2004
Decision Date:	12/03/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 61 year old male patient, who sustained an industrial injury on 11-30-2004. The diagnoses include status post L4-L5 and L5-S1 interbody fusion, right lower extremity radiculopathy and right knee sprain and strain. Per the notes dated 03-21-2014, 04-18-2014 and 05-13-2014, he had complaints of worsening right knee pain. Objective findings on 03-21-2014, 04-18-2014 and 05-13-2014 of the right knee revealed tenderness to palpation along the medial and lateral joint line with soft tissue swelling, crepitus with general range of motion and positive McMurray's sign on the right in comparison to the left. The medications list includes MS Contin, Norco, FexMid, OxyContin, Wellbutrin, Lexapro and Cymbalta. He had right knee MRI dated 11-22-2013 which revealed III-B abnormality of the posterior horn of the medial meniscus representing degeneration with underlying tear and a grade II signal seen in the lateral meniscus; lumbar MRI on 12/8/2011. He has undergone spinal cord stimulator placement in 2008 and removal in 2010 and lumbar spine surgeries in 1995 and 2006. He had diagnostic corticosteroid injection of the right knee and lumbar epidural steroid injection. Other therapy done for this injury was not specified in the records provided. The physician noted that consideration for Synvisc injections - one injection to the right knee would be given if the injured worker was unable to get in to see the orthopedic surgeon. A utilization review dated 07-21-2014 non-certified a request for Synvisc injection for the right knee, 1 injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for the right knee, 1 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Work Loss Data Institute, LLC; Corpus Christi, TX, www.odg-twc.com; section: Knee and Leg and ACOEM - [https://www.acoempracguides.org/knee;table 2 Summary of Recommendations, Knee Disorders](https://www.acoempracguides.org/knee;table%20Summary%20of%20Recommendations,%20Knee%20Disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15), Hyaluronic acid injections.

Decision rationale: Synvisc injection for the right knee, 1 injection. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age." Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids. Per the records provided the patient has chronic right knee pain. Failure to previous conservative therapy for the right knee including physical therapy is not specified in the records provided. Intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. The medical necessity of Synvisc injection for the right knee, 1 injection is not fully established in this patient at this time. The request is not medically necessary.