

Case Number:	CM14-0186841		
Date Assigned:	11/14/2014	Date of Injury:	08/07/2010
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 August 7, 2010. A utilization review determination dated October 28, 2014 recommends noncertification of Synvisc One for the right knee. A progress report dated October 9, 2014 identifies subjective complaints of low back pain and intermittent knee pain. He is currently using a knee brace for the right knee. Physical examination findings revealed tenderness to palpation over the right knee joint lines with crepitus. The patient walks with an analgesic gate on the right side with the aid of a cane. Diagnoses include right knee joint diffusion and osteoarthritis. The treatment plan recommends a right knee Synvisc one injection. The note indicates that an MRI on April 26, 2012 identified mild osteoarthritis. A progress report dated April 30, 2014 identifies 2 mm of joint space narrowing medially on x-rays. The patient is a candidate for totally replacement but has declined surgery. The treatment plan states that future medical care should include Visco supplementation for the knees and total knee arthroplasty.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 10/07/14) Synvisc (Hylan)

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, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (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. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including exercise, medication, and aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc is not medically necessary.