

Case Number:	CM14-0191315		
Date Assigned:	11/25/2014	Date of Injury:	12/10/2012
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

The patient is a 58 year old female with date of injury 12/10/12. The treating physician report dated 04/03/14 indicates that the patient presents with pain affecting her right knee, left knee, and mild bilateral wrist and hand. The physical examination findings reveal bilateral knee effusions, positive crepitation, full extension, flexion to 120 degrees, positive McMurray's test (with the right being greater than the left), and tight lateral tenaculums. Prior treatment history includes surgery, cortisone injection on her left and right knee, physical therapy and medication. The current diagnoses are: 1. Right knee status post arthroscopic chondroplasties of the medial femoral condyle, lateral tibial plateau, lateral femoral condyle and microfracture chondroplasty of the patella, 2. Bilateral Carpal Tunnel Syndrome, 3. Cervicothoracic strain/ arthrosis. The utilization review report dated 11/04/14 denied the request for Synvisc injection, right knee #1 based on medical necessity not being established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection, right knee #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Synvisc® (hylan) & Hyaluronic acid injections

Decision rationale: The patient presents with pain in her right knee. The current request is for Synvisc injection, right knee #1. The treating physician's 10/23/14 report stated "The patient had chondral injuries and/or chondral degenerative wear in many places in her right knee. These areas include the medial femoral condyle, lateral tibial plateau, and lateral femoral condyle. The patient also had a full-thickness cartilage defect of the patella that required microfracture chondroplasty. Injury to the articular cartilage, such as this, is the equivalent of osteoarthritis... The patient certainly has tenderness, crepitation on active motion and stiffness in the morning, less than 30 minutes." (42) ODG guidelines support Synvisc injections. They state, "Synvisc-One hylan are recommended as an option for osteoarthritis. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events." ODG guidelines require the following, "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." In this case the treating physician has documented the required criteria per the ODG guidelines for Synvisc injection. Recommendation is for authorization.