

Case Number:	CM14-0207998		
Date Assigned:	12/19/2014	Date of Injury:	08/20/2013
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 63-year-old male with an 8/20/13 date of injury. The injury occurred when he slipped and fell on slippery stairs and landed on his right knee on 12/7/11 and was also involved in a motor vehicle accident driving to work on 8/20/13. According to a progress report dated 12/4/14, the patient returned with continued chronic lower back pain as well as neck pain and left-sided shoulder pain. He also continued to have right knee pain with locking, popping, and instability. The patient has had 3 previous Synvisc injections for the right knee with good benefit and is a candidate for surgical intervention, but he wished to avoid this. Objective findings: spasm and tenderness noted over the paravertebral musculature of the cervical and lumbar spine with decreased range of motion, decreased sensation noted over the L5 dermatomes bilaterally with pain, medial and lateral joint line tenderness noted with flexion and extension of the right knee along with patellar crepitus. Diagnostic impression: cervical sprain/strain, lumbar sprain/strain, cervical radiculopathy, lumbosacral radiculopathy. Treatment to date: medication management, activity modification, right knee surgery, and Synvisc injections. A UR decision dated 12/4/14 denied the request for Synvisc x3 for the right knee. There was no indication that claimant has not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc x3 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Criteria for hyaluronic acid or 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 and Leg Chapter - Viscosupplementation Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature ('Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis').

Decision rationale: The CA MTUS does not address this issue. The ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, in the present case, there is no discussion of plain film radiographs indicating that this patient has a diagnosis of osteoarthritis. In addition, there is no documentation that this patient has failed conservative measures of treatment. Therefore, the request for Synvisc x3 for the right knee was not medically necessary.