

Case Number:	CM15-0103534		
Date Assigned:	06/08/2015	Date of Injury:	09/08/2010
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 42 year old female who sustained an industrial injury on 09/08/2010. Mechanism of injury was a slip and fall. Diagnoses include status post right knee medial and lateral meniscal repair via arthroscopic surgery on 12/02/2013 with grade II to III chondromalacia of the central trochlea of the right, left knee sprain, lumbar sprain with negative Electromyography, obesity and chronic pain. Treatment to date has included diagnostic studies, medications, cortisone injections and physical therapy. Her medications include Norco, Naproxen and Flexeril as a topical cream. A right knee Magnetic Resonance Imaging one on 10/16/2014 shows grade II to grade III chondromalacia and a small effusion. A physician progress note dated 04/27/2015 documents the injured worker complains of an achy low back pain with a pins and needle feeling rated 9 out of 10. She has bilateral knee pain which is achy with pins and needle burning and numbness rated 9 out of 10. The pain awakens her from sleep. She also has bilateral wrist pain rated a 9 out of 10. Lumbar range of motion is restricted. She has tenderness to palpation throughout the lower lumbar paraspinal musculature with ongoing spasm. Bilateral knee flexion is limited to 90 degrees; right knee extension is decreased by 30 degrees and same on the left. There is tenderness diffusely throughout the right knee. McMurray's is painful on the right. Treatment requested is for Synvisc-one injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-one injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Viscosupplementation, Synvisc, Supartz, Hyaluronic injections, Hylan injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-341, 346-52. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition.

Decision rationale: Synvisc is a highly purified form of hyaluronic acid (HA) used for viscosupplementation of joints. Viscosupplementation is a procedure in which hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the knee joint, injecting more of it into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. However, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. As there is no scientific evidence or clinical practice guideline support for this procedure, medical necessity to use viscosupplementation has not been established.