

Case Number:	CM15-0107150		
Date Assigned:	06/11/2015	Date of Injury:	08/20/2014
Decision Date:	07/15/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 8/20/2014. He reported injuring his right knee. Diagnoses have included moderate to severe degenerative joint disease medial compartment of right knee. Treatment to date has included physical therapy and medication. According to the progress report dated 4/28/2015, the injured worker complained of right knee pain. The pain radiated to the hip and toes. The pain was rated 5/10. Current medications included Naprosyn. Exam of the right knee showed lateral joint line tenderness. Parapatellar tenderness was noted laterally. There was mild soft tissue swelling. Magnetic resonance imaging (MRI) of the right knee from 12/2/2014 showed no meniscus or ligament tears; there was moderate to severe degenerative joint disease in the medial compartment of the right knee. Authorization was requested for a 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 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 (ODG), knee procedure, hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings have parapatellar tenderness with mild soft tissue swelling. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative treatment trial to include pharmacology, therapy, or cortisone injection for pain symptoms. The Synvisc one injection right knee is not medically necessary and appropriate.