MAXIMUS Federal Services

Case Number:	CM15-0109685		
Date Assigned:	06/16/2015	Date of Injury:	07/15/2013
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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 43-year old male, with a reported date of injury of 07/15/2013. The diagnoses include right knee strain and right chondromalacia patella. Treatments to date have included Synvisc one and cortisone injections; an x-ray of the right knee on 05/13/2015 which showed almost absent lateral joint space; physical therapy; and oral medications. The progress report dated 05/13/2015 indicates that the injured worker had right knee pain. The pain was located in the right anterior patellofemoral area. He reported that the pain level was 4 out of 10. The injured worker was told by a specialist that he would eventually need a knee replacement. It was noted that the injured worker had failed Synvisc and cortisone injections. The objective findings include normal right knee range of motion, crepitus with range of motion, and inability to perform a full squat. The treating physician stated that the injured worker's right knee pain was not resolved with conservative treatment. It was noted that a combination of Synvisc One injection and a Don Joy unloader brace would help the injured worker. The treating physician requested 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 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 Official Disability Guidelines, Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents on 05/13/15 with right knee pain rated 4/10. The patient's date of injury is 07/15/13. Patient is status post Synvisc One injection on 01/03/14 and cortisone injection at a date unspecified. The request is for Synvisc One Injection for the right knee. The RFA is dated 05/15/15. Physical examination dated 05/13/15 reveals crepitus in the right knee during range of motion tests, and the inability of the patient to perform a squat. No other physical findings are included. The patient is currently prescribed Norco and Tramadol. Diagnostic imaging was not included, though progress note dated 05/13/15 discusses point of care x-ray as showing: "almost absent lateral right knee joint space on standing view of the right knee." Patient is currently working full duties. ODG guidelines, Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections, state the following: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best... 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)." In regard to the request for a repeat Synvisc injection, the patient does not meet guideline criteria. ODG recommends such injections for osteoarthritis of the knee; however this patient suffers from chronic knee pain with a formal diagnosis of chondromalacia patella. There has been one Synvisc injection to date on 01/03/14. Addressing efficacy, progress note dated 05/13/15 has the following: "He got slight benefit from the first Synvisc injection he had but in combination with the DonJoy unloader brace... I think it would definitely buy time 2-3 years before knee replacement." While the provider offers some limited evidence of efficacy from previous injections, guidelines indicate that there is insufficient evidence for Hyaluronic acid use in patients who present with chondromalacia patella. Without evidence of osteoarthritis supported by MRI imaging, or a formal diagnosis for which Synvisc is considered an appropriate treatment option, a repeat injection cannot be substantiated. The request is not medically necessary.