

Case Number:	CM15-0139057		
Date Assigned:	07/29/2015	Date of Injury:	10/09/2010
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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 53-year-old female, who sustained an industrial injury on 10/9/2010. Diagnoses have included right knee contusion and abrasion status post fall and degenerative disease of the bilateral knees. Treatment to date has included knee arthroscopic surgery, physical therapy, left knee brace and medication. According to the progress report dated 4/27/2015, the injured worker reported that her left knee gave away three times in the last week. She stated that she fell onto her right knee when her left knee gave way. She complained of increased pain and discomfort in her right knee. Exam of the left knee revealed tenderness to palpation and patellofemoral crepitus. Exam of the right knee revealed an abrasion and tenderness to palpation. Authorization was requested for Synvisc injections to both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & 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 chapter for Hyaluronic acid injections.

Decision rationale: The request is for Synvisc injection of the left knee. Synvisc is a viscosupplement injection that supplements the fluid in the knee. The MTUS guidelines are silent regarding this type of injection. The Official Disability Guidelines state that viscosupplementation is recommended for patients who have severe symptomatic arthritis of the knee, who have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Criteria include documentation of severe osteoarthritis that is supported by bony enlargement, tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth, and age over 50 years. Treatment to date has included knee arthroscopic surgery, physical therapy, left knee brace and medication. The response to hyaluronan/hylan products appears more durable than intra-articular corticosteroids in treatment of knee osteoarthritis. While there is no clear radiologic documentation of severe osteoarthritis, the injured worker continues to have severe pain. The treating orthopedist is requesting Synvisc injection prior to consideration for knee replacement. It appears the Official Disability Guidelines would support the one-time use of Synvisc for the injured worker. The request is medically necessary.

Synvisc injection right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & 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 chapter for Hyaluronic acid injections.

Decision rationale: The request is for Synvisc injection of the right knee. Synvisc is a viscosupplement injection that supplements the fluid in the knee. The MTUS guidelines are silent regarding this type of injection. The Official Disability Guidelines state that viscosupplementation is recommended for patients who have severe symptomatic arthritis of the knee, who have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Criteria include documentation of severe osteoarthritis that is supported by bony enlargement, tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth, and age over 50 years. Treatment to date has included knee arthroscopic surgery, physical therapy, left knee brace and medication. The response to hyaluronan/hylan products appears more durable than intra-articular corticosteroids in treatment of knee osteoarthritis. While there is no clear radiologic documentation of severe osteoarthritis, the injured worker continues to have severe pain. The treating orthopedist is requesting Synvisc injection prior to consideration for knee replacement. It appears the Official Disability Guidelines would support the one-time use of Synvisc for the injured worker. The request is medically necessary.

