

Case Number:	CM15-0186758		
Date Assigned:	09/28/2015	Date of Injury:	08/29/2000
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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 54 year old male, who sustained an industrial injury on 8-29-2000. The documentation submitted for this review did not include the details regarding the initial injury. Diagnoses include patellofemoral syndrome, degenerative joint disease of the knee, tibia, patella, and tear of medial cartilage-menisus, current; status post left knee arthroscopy x4. Treatments to date include activity modification, anti-inflammatory, opioid, and therapeutic injections to the knee. Currently, he complained of no change in the left knee pain rated 7 out of 10 VAS and associated with cracking sensations. On 7-27-15, the physical examination documented localized tenderness at the left medial aspect of the knee with positive McMurray's sign. The plan of care included a Synvisc injection to the left knee. The appeal requested authorization for one left knee Synvisc Injection. The Utilization Review dated 8-25-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee synvisc one injection: 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 and Leg (Acute & Chronic) - 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 (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the patella. 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 including the patient has failed previous knee surgery, not currently a candidate for total knee replacement, failed conservative treatment trial including aspiration, intra-articular cortisone injections, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The 1 left knee synvisc one injection is not medically necessary or appropriate.