MAXIMUS Federal Services

Case Number:	CM15-0191221		
Date Assigned:	10/05/2015	Date of Injury:	08/30/2013
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 08-30-2013. She has reported subsequent left knee pain and was diagnosed with chondromalacia of the left knee and medial meniscus tear of the left knee. MRI of the left knee on 07-22-2015 showed moderate medial compartment chondromalacia, peripheral medial femoral condyle stress response or trabecular injury, mild chondromalacia lateral compartment and of mid femoral trochlea and synovitis. Treatment to date has included pain medication, application of ice, epidural steroid injection and physical therapy. Physical therapy and epidural steroid injection were noted to be very helpful with pain relief. The injured worker was allergic to Cortisone and Cortisone injection of the left knee could not be considered. In progress notes dated 07-27-2015 and 08-24-2015, the injured worker reported left knee pain. Objective examination findings were documented as "chondromalacia." There was no documentation as to the severity of pain in the most recent progress notes, the degree of pain relief with prescribed treatments and impact of pain level on objective function. The physician noted that a recommendation for Synvisc injections to the left knee was made. Work status was documented as temporarily totally disabled. A request for authorization of Synvisc injection of the left knee 1x3 was submitted. As per the 09-16-2015 utilization review, the request for Synvisc injection was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection, left knee, 1x3: 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 & 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 (ODG) Knee & Leg (acute & chronic), hyaluronic acid injections.

Decision rationale: The request for synvisc is not medically necessary. ODG guidelines were used as MTUS does not address this request. Synvisc may be beneficial for severe osteoarthritis for patients who have not responded to conservative treatment. It is not a cure, but provides comfort and functional improvement to temporarily avoid knee replacement. He has not "failed conservative therapy." There was not enough documentation to support the diagnosis of severe symptomatic osteoarthritis of the knee according to the guidelines. The patient also cannot have an intra-articular steroid injection due to an allergy. Therefore, Synvisc is not medically necessary at this time.