MAXIMUS Federal Services

Case Number:	CM15-0203949		
Date Assigned:	10/20/2015	Date of Injury:	07/27/2014
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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 27 year old male who sustained industrial injury on 07/27/2014, and has been diagnosed with localized, primary, lower leg osteoarthritis. MRI of the right knee dated 7/22/2015 demonstrated grade 2 chondromalacia of the patella, as well as an 8 cm Baker's cyst. There was normal meniscus, cruciate and collateral ligaments. There was no evidence of weight-bearing chondromalacia or osteochondral injury. Examination revealed positive patellofemoral crepitation and grind tests. There was pain with deep squatting. Treatment has included medication, physical therapy, exercise and weight loss, and support brace. The treating physician requested treatment with Synvisc, which was denied by utilization review. This was then submitted for independent medical review.

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 (ODG) Knee and Leg (updated 07/10/2015) Online Version.

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 Injection.

Decision rationale: The request is for Synvisc knee injection. The MTUS guidelines are silent on this topic. The Official Disability Guidelines only recommends hyaluronic acid injections for significantly symptomatic osteoarthritis that has not adequately responded to 3 months of conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies. Documentation of symptomatic severe osteoarthritis of the knee may include: bony enlargement; bony tenderness; crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth; over 50 years of age; pain interferes with functional activities and not attributed to other forms of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including chondromalacia patella and patellofemoral syndrome. Regarding the injured worker, MRI has demonstrated chondromalacia of the patella but a normal internal knee. Therefore, the ODG does not support the use of Synvisc in the injured worker, as the medical benefit has not been clearly demonstrated. Therefore, the request as submitted is not medically necessary.