

Case Number:	CM15-0027145		
Date Assigned:	02/19/2015	Date of Injury:	07/23/2011
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

TheThe injured worker is a 25 year old female with an industrial injury dated 07/23/2011. Her diagnoses include chondromalacia patella (right), left knee pain status post meniscus repair (10/2011), arthroscopy with debridement (08/14/2013), ligament repair (03/06/2014), chronic right knee pain. Recent diagnostic testing has included a MRI of the right knee (10/03/2012) showing meniscal contusion and popliteal tenosynovitis, and MRI of the right knee (05/30/2014) showing no significant change from previous MRI. Previous treatments have included conservative care, medications, physical therapy, and left knee surgeries. In a progress note dated 01/05/2015, the treating physician reports continued right knee pain without improvement and with a pain rating of 5/10. The objective examination revealed tenderness to palpation of the medial joint line of the right knee, painful range of motion with full range, no instability, and normal strength. The treating physician is requesting Synvisc-one injection to the right knee which was denied by the utilization review. On 02/02/2015, Utilization Review non-certified/modified a request for Synvisc-one injection to the right knee, noting that the injured worker did not have a diagnosis of advanced tibiofemoral arthritis which is the only diagnosis for which Synvisc or other visco-supplementation medications are effective. The ODG Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of drain/injection joint bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-One injection to 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) Criteria for Hyaluronic Acid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

Decision rationale: Synvisc (Orthovisc) is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided orthovisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided orthovisc injections, it does state that Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. ODG recommends as guideline for Hyaluronic acid injections Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Medical documentation does not document severe osteoarthritis of the knee. The medical records provided have not met the above criteria at this time. As such the request for Synvisc-One injection to the right knee is not medically necessary.