

Case Number:	CM15-0067771		
Date Assigned:	04/15/2015	Date of Injury:	06/25/2013
Decision Date:	07/30/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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 56 year old male with an industrial injury dated 06/25/2013. The injured worker's diagnoses include osteoarthritis, localized, and primary in the lower leg. Treatment consisted of multiple Magnetic Resonance Imaging (MRI) of the right knee, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 03/11/2015, the injured worker reported continued symptoms consisting of achiness, pain, locking, catching and giving away of the right knee. Documentation noted that the injured worker would like to avoid surgical intervention at this time. The treating physician reported that the Magnetic Resonance Imaging (MRI) dated 01/15/2014 revealed grade 2-3 osteoarthritis of the trochlea, medial femoral condyle, lateral femoral condyle and lateral tibial plateau. Objective findings revealed full range of motion and tenderness to palpation along the lateral joint line, positive patellofemoral crepitation and positive grind. Positive McMurray's and tenderness to palpation along the posterior aspect of the medial compartment were also noted on exam. The treating physician prescribed services for synvisc one injection for the right knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection: Overturned

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 Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: Based on the 01/28/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for SYNVISCO ONE INJECTION. RFA with the request was not provided. Patient's diagnosis on 01/28/15 included MRI evidence dated on December 11, 2013 of the right knee indicating a medial meniscal body, horizontal tear as well as large shelf like medial patellar plica extending into the margin of the patellofemoral articulation; and MRI on January 2014 revealing tricompartmental osteoarthritis grade 3 as well as lateral overriding patella. Physical examination to the right knee on 01/28/15 revealed full range of motion, tenderness to palpation along the lateral joint line and posterior aspect of medial compartment, positive patellofemoral crepitation, positive grind, and positive McMurray's. Treatment to date included physical therapy, rest, ice, anti-inflammatories, and analgesics. The patient is off-work, per 05/13/15 report, and retired per 04/22/15 report. Treatment reports were provided from 04/07/04 - 06/04/15. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. UR letter dated 03/30/15 states "There is no evidence that the patient has a current failure of a corticosteroid injection." Per 01/28/15 report, treater states, "In regards to [the patient's] osteoarthritis, I do recommend that the patient would be provided with synvisc one viscosupplementation for his right knee during his next visit. He does have MRI evidence as well as continued symptoms of achiness, stiffness and pain and he is a candidate to receive this viscosupplementation every 6 to 12 months." In this case, the patient continues with pain despite conservative treatment, and presents with MRI diagnosis of osteoarthritis, for which synvisc injection is indicated. There is no evidence of prior synvisc injection to the right knee. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.