

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0082264 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 06/10/2009 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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: California, Hawaii
 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 44-year-old male, who sustained an industrial injury on June 10, 2009. He reported left knee pain. The injured worker was diagnosed as having status post slip and apparent left knee lateral collateral ligament sprain and status post open left knee posterolateral ligament reconstruction, arthroscopic partial meniscectomy and medial femoral condyle chondroplasty. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, multiple failed conservative therapies, Synvisc injection to the knee, medications and work restrictions. Currently, the injured worker complains of continued knee pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 8, 2015, revealed continued pain. An additional Synvisc injection to the knee was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for the left knee times one: 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 Chapter, Criteria for 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, Hyaluronic acid injections.

Decision rationale: The patient presents with medial left knee pain that varies from 8-9/10 depending on activity. The current request is for one Synvisc injection for the left knee. The treating physician states on 4/8/15 (12B) that "the patient had a left knee full-thickness condylar defect of the medial femoral condyle and had undergone prior microfracture technique with debridement of cartilage down to the subcondylar bone. He now has knee pain. He has failed conservative treatment and a request is now made for Synvisc injection." MTUS and ACOEM do not discuss Synvisc injections but ODG guidelines provide a thorough review. ODG guidelines on Synvisc for knee: "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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." In this case, the treating physician has documented on 2/25/15 (37B) a history of the presence of arthritis, noisy popping in the knee upon motion, intolerance to pharmacological treatments and pain that interferes with functional activities. The current request is medically necessary and the recommendation is for authorization.