MAXIMUS Federal Services

Case Number:	CM15-0085237		
Date Assigned:	05/07/2015	Date of Injury:	05/22/2009
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 32 year old male, who sustained an industrial injury, May 22, 2009. The injured worker previously received the following treatments Norco, Trazodone, right knee meniscectomy, right knee MRI and Synvisc injection. The injured worker was diagnosed with right knee partial medial meniscectomy and surgically severed medial patellar plica on May 20, 2011 with depression and anxiety due to chronic pain. According to progress note of March 30, 2015, the injured workers chief complaint was right knee pain 4 out of 10 with Norco. The right knee had been flared lately and the pain level was only able to be reduced to 6 out of 10.
The physical exam noted no significant changes. The progress noted of January 28, 2015, the physical exam noted good range of motion of the right knee. The injured worker was unable to extend the right knee to complete 0 degrees. The range of motion appears to be 3 degrees to 120 degrees on the right compared to 0-120 degrees on the left. The treatment plan included to drain and inject the joint and bursa.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Hyaluronic acid.

Decision rationale: Pursuant to the Official Disability Guidelines, Synvisc one injection right knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and non-pharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness, over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are right knee pain; status of partial medial meniscectomy, severed medial patella plica; depression/anxiety due to chronic pain. According to a progress note dated January 28, 2015, objectively the injured worker has relatively good range of motion for the knee. He is not able to extend it to 0. According to the March 30, 2015, objectively there are no significant changes. The documentation in the medical record of a right knee magnetic resonance imaging scan performed November 2010 shows no bony or arthritic pathology. Synvisc is indicated with documented objective (and subjective or symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness, etc. The injured worker's status post meniscectomy, but has no objective findings of severe osteoarthritis. Consequently, absent clinical documentation with guideline recommendations showing severe objective osteoarthritis is a prerequisite to Synvisc, Synvisc one injection right knee is not medically necessary.