

Case Number:	CM15-0089704		
Date Assigned:	05/14/2015	Date of Injury:	01/29/2013
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 47-year-old male, with a reported date of injury of 01/29/2013. The diagnoses include right knee degenerative disease. Treatments to date have included an x-ray of the right knee which showed narrowing at the patellofemoral compartment and osteophyte formation at the patella; and oral medication. The orthopedic re-evaluation dated 04/07/2015 indicates that the injured worker complained of continued pain and discomfort in his right anterior knee and posterior medial knee. The objective findings include tenderness to palpation of the patellofemoral joint, pain with range of motion of the right knee, tenderness along his posterior and medial hamstring tendons, walked with a limp favoring his right lower extremity, and use of a cane. The treating physician requested one Synvisc injection to the right knee. It was noted that the injured worker was unable to take anti-inflammatory medication, and the injection may be the best treatment for the injured worker. The patient sustained the injury when his knee was struck with forklift. The patient's surgical history include right knee arthroscopy surgery. Patient has received an unspecified number of PT visits for this injury. The patient has used a cane. The medication list include ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc 1 Injection to the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 05/05/15) Hyaluronic acid injections.

Decision rationale: Request: Synvisc 1 injection. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. Any evidence that the patient has significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for Synvisc 1 injection is not fully established in this patient.