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| Case Number: | CM14-0140235 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 01/04/2012 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a patient with a date of injury of 1/4/12. A utilization review determination dated 8/06/14 recommended non-certification for the requested Synvisc One injection for the left knee. The request was denied stating that the total number of Synvisc One injections completed to date is unknown and that the percentage of pain relief and functional improvement were not documented. A progress report dated 7/28/14 indicates that the patient was seen with regard to his bilateral knee pain. He had subjective complaints that his left knee was popping while he was walking and it felt "hollow" but had no associated pain with it. The note states the patient gets good relief from Synvisc and continues to alternate viscosupplementation to both knees. Objective findings indicate that the left knee has no effusion and range of motion is 0 to 125 degrees, positive patellofemoral crepitus, positive grind test and pain with deep squat. Diagnoses include previous P&S of the left knee on separate account, currently undergoing future medical care including viscosupplementation and status post Synvisc injection to the left knee multiple times, most recently on February 10, 2014. Treatment plan to authorize Synvisc injection to the left knee, this has been very beneficial in alleviating his symptoms in the past. He has medial compartment joint space narrowing on the most recent weight bearing x-rays and benefited from viscosupplementation in the past. Patient has symptomatic chondromalacia of the knee which interferes with functional activities. Conservative therapy (PT, Nsaids, steroid joint injections and topical creams) have been attempted and have not resulted in functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Injection (6mg/48mg) Left Knee X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Knee and Leg Procedure Summary Guidelines Hyaluronic Acid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Guidelines support repeat hyaluronic acid injections provided there is documentation of improvement in symptoms for 6 months or more. Within the documentation available for review, the requesting physician has documented that the patient has signs and symptoms of osteoarthritis and has failed conservative treatment including physical therapy and medication. However, there is no documentation of at least 6 months of relief from prior hyaluronic acid injections. As such, the currently requested Synvisc is not medically necessary.