

Case Number:	CM14-0140858		
Date Assigned:	09/10/2014	Date of Injury:	02/28/2013
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 39 year old female who reported an injury on 02/28/2013. The mechanism of injury reportedly occurred while reaching for a pair of scissors on the top shelf and fell. The injured worker was diagnosed with status post arthroscopy of the left knee from lateral meniscal tear and grade 2-3 chondromalacia tricompartmental. The injured worker was treated with surgery, physical therapy, and medications. The injured worker had a left knee diagnostic and operative arthroscopy on 10/18/2013. On the clinical note dated 07/28/2014, the injured worker complained of left knee swelling and stiffness, and reported pain that interfered with functional activities not attributed to other forms of joint disease. The injured worker had left knee range of motion of 0-130 degrees, as well as positive patellofemoral crepitation, positive grind test, tenderness to palpation of bilateral joint line, and strength of 4/5. The medical records did not include what medications the injured worker was prescribed. The treatment plan was for Synvisc (visco supplementation) one injection of 6ml (48mg) for the left knee. The rationale for the request was to alleviate symptoms. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc (visco supplementation) one injection of 6ml (48mg) for left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/05/14), Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections.

Decision rationale: The request for Synvisc (visco supplementation) one injection of 6ml (48mg) for left knee is not medically necessary. The injured worker is diagnosed with status post arthroscopy of the left knee from lateral meniscal tear and grade 2-3 chondromalacia tricompartmental. The Official Disability Guidelines recommend Synvisc injections as a possible option for injured workers who are experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. There should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; and over 50 years of age. They may be indicated if pain interferes with functional activities and is not attributed to other forms of joint disease. There should be failure to adequately respond to aspiration and injection of intra-articular steroids. 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. The injured worker had swelling, crepitus, and tenderness to the left knee. There is a lack of documentation indicating the injured worker had significant objective functional deficits and pain that interfered with activities. It was noted that the injured worker has 0-130 degrees of range of motion and 4/5 strength. There is a lack of documentation regarding a diagnosis of osteoarthritis. There is also no documentation of the failure of other conservative treatments or the failure to respond to aspiration and injection of intra-articular steroids. As such, the request for Synvisc (visco supplementation) one injection of 6ml (48mg) for left knee is not medically necessary.