

Case Number:	CM14-0142364		
Date Assigned:	09/10/2014	Date of Injury:	05/20/2013
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 5/20/13. He was seen by his primary treating physician on 8/5/14 to follow up knee pain. He had been going to physical therapy and it is noted that his left knee 'feels great' and his right knee still has 'some fatigue and soreness' and that Synvisc has been denied and Mobic and therapy have been helpful. His exam showed that he walked without a limp. He had some pain with squatting and his wounds were well healed. He had mild crepitus and pain along the joint line. His AP drawer and Lachman were 1+ and his strength was 5-/5 in all planes with no varus-valgus instability. His diagnosis was 'right knee improving status post exacerbation of his pre-existing condition'. At issue in this review is the request for a Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drugs unclassified injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disabilities guidelines, 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 Uptodate: Treatment of osteoarthritis resistant to initial pharmacologic therapy

Decision rationale: Intraarticular hyaluronate injections are used in individuals with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen or NSAIDs or received significant relief from intraarticular glucocorticoids, and in those who no longer respond to these medications. There is concern with the quality of clinical trials and modest level of benefit seen with these injections. Also, the safety and efficacy of repeat injections and what interval to repeat them is not clear. In this injured worker, it is not supported that other medications or steroid injections have failed. He also does not have a diagnosis of osteoarthritis of the right knee and has been improving with physical therapy and Mobic. The medical necessity of Synvisc injection to right knee is not substantiated in the records.