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| Case Number: | CM14-0166842 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 03/08/2006 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in CA . 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:

According to the records made available for review, this is a 64-year-old female with a 3/8/06 date of injury, and right total knee replacement on 2/9/12. At the time (9/3/14) of the request for authorization for Synvisc injection to the left knee, there is documentation of subjective (left knee pain) and objective (tenderness over the bilateral joint line, edema noted, positive crepitus with flexion and extension, and pain on range of motion) findings, imaging findings (X-ray of the left knee (11/26/12) report revealed degenerative changes within the left knee patellofemoral compartment with small suprapatellar effusion), current diagnoses (pain in joint (lower leg)), and treatment to date (medications, steroid injection, and previous Synvisc injection (1/22/14)). Medical reports identify that the previous Synvisc injection provided 60% pain improvement for 3 months and was able to walk and stand for longer periods of time for work. There is no documentation of osteoarthritis; and plain x-ray findings diagnostic of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection to the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

acid injections. Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Synvisc Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of pain in joint (lower leg). In addition, there is documentation of previous Synvisc injections. Furthermore, there is documentation of failure of conservative treatment (medications and steroid injection). Lastly, given documentation that the previous Synvisc injection provided 60% pain improvement for 3 months and was able to walk and stand for longer periods of time for work, there is documentation of functional benefit and improvement as a reduction in work restrictions and an increase in activity tolerance as a result of Synvisc injections to date. However, there is no documentation of osteoarthritis. In addition, given documentation of imaging findings (changes within the left knee patellofemoral compartment with small suprapatellar effusion), there is no documentation of plain x-ray findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Synvisc Injection to the Left Knee is not medically necessary.