

Case Number:	CM14-0213826		
Date Assigned:	12/31/2014	Date of Injury:	05/15/2008
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 45 year old female with an injury date of 05/15/08. Based on the 11/21/14 progress report provided by treating physician, the patient complains of consistent pain to the right knee rated 9/10. Patient has no documented history of medical intervention directed at this complaint. Physical examination 11/21/14 reveals tenderness to palpation to the lateral aspect of the right knee, the remainder of the physical findings are illegible, as the progress note is hand written. The patient is currently prescribed Tramadol. Patient is categorized as permanently stationary. Diagnostic imaging included MRI of the right lower extremity, dated 10/29/14, significant findings include: "Degenerative arthritis right knee predominantly involving the medial compartment... mild patellar chondromalacia..."Diagnosis 11/21/14 - Calcific tendinitis, shoulder - Internal derangement, knee NOS [sic]- Lumbosacral neuritis NOS [sic]The utilization review determination being challenged is dated 11/25/14.Treatment reports were provided from 04/28/14 to 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc, one injection right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) chapter, Hyaluronic acid injections

Decision rationale: The patient presents with consistent pain to the right knee rated 9/10. The request is for SYNVISIC ONE INJECTION RT KNEE. Patient has no documented history of medical intervention directed at this complaint. Physical examination 11/21/14 reveals tenderness to palpation to the lateral aspect of the right knee, the remainder of the physical findings are illegible, as the progress note is hand written. The patient is currently prescribed Tramadol. Patient is categorized as permanently stationary. Diagnostic imaging included MRI of the right lower extremity, dated 10/29/14. ODG guidelines, Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections, state the following: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events." In this case, the patient suffers from chronic knee pain and MRI showed significant degeneration of the medial compartment. Review of the reports does not show evidence of prior injection. The requested trial of Synvisc would appear reasonable. The request IS medically necessary.