

Case Number:	CM15-0110976		
Date Assigned:	06/17/2015	Date of Injury:	08/23/2012
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on 8/23/12. He reported a back injury and meniscal tear following being hit by a truck. The injured worker was diagnosed as having lateral meniscal tear, contusion of leg, Osteoarthritis of left leg, unspecified disorder of muscle, ligament and fascia, climacteric arthritis of lower leg and sciatica. Treatment to date has included arthroscopic lateral meniscectomy on 1/7/13, Synvisc injection of left leg, oral anti-inflammatory medications, knee brace, physical therapy and activity restrictions. X- rays of left knee performed on 5/15/15 revealed severe degenerative changes in the lateral compartment of the left knee with near bone-on-bone arthritis in the lateral compartment. Currently, the injured worker complains of continued left knee pain. It is noted Synvisc injections did provide some relief. He currently works full time. Physical exam on 5/5/15 noted trace effusion of left knee with pain to palpation of the lateral joint line and full range of motion. The treatment plan included a request for Synvisc injection, unloader brace and follow up appointment. The patient has used a knee brace. The patient has had X-ray of the left knee that revealed degenerative changes and s/p meniscectomy. The medication list include Norco. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection with ultrasound guidance, Left Knee, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 05/05/15) Hyaluronic acid injections.

Decision rationale: Synvisc injection with ultrasound guidance, Left Knee, Qty 1. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e. g. , gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; younger patients wanting to delay total knee replacement. Evidence that the patient has not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e. g. , gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Patient had received Synvisc injection for this injury. The detailed response to the Synvisc injection was not specified in the records provided. The medical necessity of the request for Synvisc injection with ultrasound guidance, Left Knee, Qty 1 is not fully established in this patient.