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| Case Number: | CM15-0112320 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 03/05/2010 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic knee and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 5, 2010. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for Synvisc (viscosupplementation) injection. The claims administrator referenced a progress note of April 14, 2015 and an associated RFA form of April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of April 20, 2015, a viscosupplementation injection, spine surgery consultation, and pain management consultation were sought. In an associated progress note dated April 14, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and knee pain. The applicant had undergone an earlier failed knee arthroscopy, it was reported. Popping and crepitation were appreciated by the injured knee. The applicant was given diagnoses of chondromalacia patella and arthritis of the knee. A viscosupplementation injection was sought. MRI imaging of the knee dated March 16, 2015 was notable for degenerative changes involving the lateral tibial plateau with superimposed chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection, left knee x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines. Knee Disorders pg 687 Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercise strategies.

Decision rationale: The proposed Synvisc (viscosupplementation) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, which is unsatisfactorily controlled through NSAIDs, Tylenol, weight loss, and/or exercise strategy. Here, the attending provider did seemingly suggest that a previous knee arthroscopy, time, medications, physical therapy, etc., had proven ineffective. The applicant was off of work as of the date of the request. Mechanical complaints of knee pain with associated popping, locking, and clicking were evident. Moving forward with the proposed Synvisc (viscosupplementation) injection was, thus, indicated. Therefore, the request was medically necessary.