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| Case Number: | CM15-0118914 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 07/28/2014 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury to the knee on 7/28/14. Magnetic resonance imaging right knee (12/18/14) showed degenerative changes of the medial femoral condyle and medial meniscus and subchondral cyst of the lateral femoral condyle. X-ray right knee (3/24/14) showed narrowing of the patellofemoral joint, irregularity of the lateral femoral condyle and irregularity and osteophyte formation of the medial femoral condyle. Recent treatment included injections and medication management. In an orthopedic reevaluation dated 5/12/15, the injured worker complained of continuing pain and discomfort to the right knee as well as increased pain in his low back due to compensation. Physical exam was remarkable for right knee with tenderness to palpation along the medial joint line and medial femoral condyle without evidence of instability and crepitus with range of motion. Current diagnoses included right knee degenerative disease and low back pain. The injured worker received a steroid injection into the right knee during the office visit. The treatment plan included a Synvisc-One injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for the right knee: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: MRI showed early stage of medial compartment degeneration. Later X-ray showed patellofemoral irregularity. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for severe late osteoarthritis, not seen here; however, 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). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failure from conservative treatment. The Synvisc injection for the right knee is not medically necessary and appropriate.