

Case Number:	CM15-0176928		
Date Assigned:	09/17/2015	Date of Injury:	09/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male injured worker suffered an industrial injury on 9-14-2014. The diagnoses included patellofemoral syndrome, chondromalacia and meniscal tear. On 8-5-2015 the treating provider reported he continued to have buckling sensations especially when ascending stairs rated as 8 to 9 out of 10. The need for the Synvisc was due to medical joint constant pressure pain after meniscectomy and chondroplasty. On 8-11-2015 the treating provider reported he was having trouble driving to the appointment. He reported the right knee is really hurting. On exam there was tenderness of the right knee. Prior treatments included Meloxicam, Tramadol and Norco. The Utilization Review on 8-14-2015 determined non-certification for one right knee Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right knee synvisc injection: 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 Official Disability Guidelines (ODG) Knee section, Hyaluronic acid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, one right knee Synvisc injection is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments, exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are patellofemoral syndrome; thoracic/lumbar radiculitis/ neuritis; bursitis hip; lumbar sprain strain; medial and lateral cartilage tear meniscus currents; and chondromalacia. Date of injury is September 14, 2014. Request for authorization is August 7, 2015. According to the operative report dated April 22, 2015, the injured worker underwent right knee arthroscopy with partial meniscectomy and two-compartment synovectomy and lateral femoral condyle gentle chondroplasty. According to August 5, 2015 progress note, subjective complaints include pain with a buckling sensation and a pain score 8-9/10. Objectively, there is tenderness over the medial joint line. There are no radiographs in the medical record demonstrating osteoarthritis. The MRI report does not demonstrate severe osteoarthritis. There is no documentation of a failure to respond to aspiration and injection of intra-articular steroids. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of severe osteoarthritis and no documentation of failed injection of intra-articular steroids, one right knee Synvisc injection is not medically necessary.