

Case Number:	CM15-0177836		
Date Assigned:	09/18/2015	Date of Injury:	10/10/2013
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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:

The injured worker is a 39 year old male, who sustained an industrial injury on October 10, 2013. The injured worker was being treated for status post left knee arthroscopy with partial medial meniscectomy and chondroplasty in May 2014. Medical records (April 24, 2015 to August 5, 2015) indicate a recurrence of left knee pain after being asymptomatic since at least May 2015. The treating physician noted the injured worker has left knee patellofemoral osteoarthritis. The physical exam (August 5, 2015) reveals patellofemoral crepitus of 2+ and intact ligaments. Diagnostic studies included an MRI prior to the left knee surgery. Treatment has included postoperative physical therapy, a home exercise program, postoperative injections, a knee brace, and medications including topical pain and non-steroidal anti-inflammatory. The requested treatments included left knee Synvisc injection (3 weeks series). On August 12, 2015, the original utilization review non-certified a request for left knee Synvisc injection (3 weeks series).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc injection (3 weeks series): 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 and Leg. 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, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: Current symptoms and objective findings are noted in the patella. 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 osteoarthritis; 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. Submitted reports have not demonstrated clear supportive findings for the injection request s/p arthroscopic meniscectomy and chondroplasty with diagnosis of patellofemoral osteoarthritis nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Left knee Synvisc injection (3 weeks series) is not medically necessary or appropriate.