

Case Number:	CM15-0028524		
Date Assigned:	02/20/2015	Date of Injury:	08/05/2013
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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: Florida, New York, Pennsylvania
 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:

This 64 year old male sustained an industrial injury to the right knee on 8/5/13. The injured worker underwent partial medial meniscectomy on 12/13/13. Magnetic resonance imaging arthrogram (3/26/14) showed a medial meniscus tear. On 5/29/14, the injured worker underwent a second right knee arthroscopic partial meniscectomy. In an office visit note dated 11/14/14, the physician noted that x-rays showed some medial joint space narrowing. The physician noted that the injured worker's subjective complaints and behavior appeared to be exaggerated with respect to objective findings on exam. The physician stated that it was possible that the injured worker had a regional pain syndrome and suggested a pain management specialist. In an office visit dated 12/12/14, the injured worker reported no improvement to persistent knee pain. Physical exam was remarkable for significant limping, knee flexed at 90 degrees and knee cool to touch without effusion or skin changes. The injured worker resisted attempts at ligament and range of motion testing. Current diagnosis was painful right knee. The physician noted that the injured worker had not gone to recommended physical therapy. The treatment plan included physical therapy and a suggestion for hyaluronic acid. On 1/16/15, Utilization Review noncertified a request for Synvisc, one injection for the right knee, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one 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 (ODG), Knee and Leg, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.FDA.gov/DRUGS for approved indications.

Decision rationale: SYNVISIC is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics. At a post revision menisectomy appointment the surgeon indicated that the member's knee did not exhibit evidence of significant arthritis despite a plain film report suggesting narrowing of the medial compartment. Examination reported the member to be morbidly obese, sitting with the knee flexed to 90 degrees. On exam the knee extended to 20 degrees, flexed to 90 degrees and was cool with no effusion. On the basis of the approved indication for pain in osteoarthritic joints and the absence of significant OA per the treating surgeon the request for Synvisc is not appropriate. The UR Non-Cert is supported.