
Notice of Independent Medical Review Determination

Dated: 10/1/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

9/12/2011

7/24/2013

CM13-0002894

- 1) MAXIMUS Federal Services, Inc. has determined the request for Synvisc one injection to the left knee **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Synvisc one injection to the left knee **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

"EE was stepping out of the truck and his heel got caught on the step, bending his left knee." Claimant allegedly sustained a work injury in 2011. He is s/p 12/12/12 left knee surgery, consisting of extensive synovectomy, partial medial meniscectomy, and chondroplasty of the patellofemoral joint and medial femoral condyle. Other treatment has included physical therapy, knee brace, and viscosupplementation injections to the left knee. Operative note documented presence of grade III changes in the patellofemoral joint and grade III-IV changes in the femoral groove. 03/13/13 provider note stated that claimant was making significant progress in physical therapy. Continued crepitation and grinding was noted, with previous good response (amount and duration of response not documented) to previous Synvisc-One Injection. No physical exam findings were documented. Treatment plan included repeat Synvisc-One Injection. Request for repeat Synvisc Injection was denied following peer review 04/08/13, citing Official Disability Guidelines (Work Loss Data Institute, Web-based version.) criteria, 05/15/13 provider note stated that claimant did have viscosupplementation to the left knee, which did not appear to work as well. Claimant reported continued swelling to the knee, and on exam was noted to have 2+ effusion, Claimant was given a steroid injection to the knee, 06/25/13 provider note stated that claimant had documented osteoarthritis of the knee, and had been able to maintain work status by getting viscosupplementation. On exam, left knee flexion was 30 degrees, and 1+ to 2 effusion was noted. Tricompartiment crepitation was documented."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/5/2013)
- Medical Records provided by the claims administrator
- Medical Records provided by the employee's attorney
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Synvisc injection to the left knee>:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Knee and Leg Chapter, Hyaluronic acid injections, which is a medical treatment guideline (MTG) that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the MTUS did not address the issue at dispute, and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/12/11 and has experienced pain in the left knee. The medical records provided for review indicate a medial meniscus tear, chondromalacia of the medial facet of the patella, lateral facet of the patella in the femoral groove grade III-IV, medial femoral condyle grade III-IV and medial tibial plateau III-IV. The record indicates that the employee had an extensive synovectomy of the left knee performed on 12/12/12. On 5/15/13 the provider noted that the employee did have viscosupplementation to the left knee, which did not appear to work as well. The request was submitted for a Synvisc injection to the left knee

The ODG guidelines for a repeat Synvisc injection state that a repeat series of injections may be reasonable if there is documented significant improvement in symptoms for six (6) months or more and symptoms recur. The medical records provided for review lack documentation of positive efficacy with previous viscosupplementation injections for six (6) months or more. The request for a Synvisc injection to the left knee **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/th

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.