

Case Number:	CM13-0044727		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2012
Decision Date:	03/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year-old with a date of injury of 08/20/12. The mechanism of injury was a snapping sensation in the knee while standing at work. A progress report included by [REDACTED], dated 08/20/13, identified subjective complaints of discomfort in the right knee. Objective findings included minimal antalgia. There was crepitus, but minimal effusion. There was a pop on early flexion and some instability of the knee. Diagnosis listed was patellofemoral chondromalacia. Treatment has included NSAIDs, ice, home exercises, and injection of a viscosupplement in May of 2013. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "Synvisc series of injection times 3, 3 injections 1 weeks apart".

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc series of injections x3 (3 injections 1 week apart): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines for 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.

Decision rationale: The current request is for Synvisc injections for therapy of patellofemoral chondromalacia of the knee. The California MTUS Chronic Pain Guidelines do not address viscosupplementation (hyaluronic acid injections). The Official Disability Guidelines note that hyaluronic acid injections are indicated for symptomatic osteoarthritis that has not responded to conservative management. However, the ODG notes that it is not recommended for other indications such as patellofemoral arthritis or patellofemoral chondromalacia. Even related to osteoarthritis of the knee, it further states: "in recent quality studies the magnitude of improvement appears modest at best." Therefore, injection of Synvisc lacks sufficient evidence or recommendation for patellofemoral disease.