

Case Number:	CM13-0045543		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2010
Decision Date:	03/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

The patient is a 40-year- male who injured his left knee on May 18, 2010. The patient was initially treated with medications and physical therapy. He also had corticosteroid injections, which provided one-month relief. A left knee MRI dated September 3, 2013 by [REDACTED] showed peripatellar bursitis, small medial plica and minute focus of chondromalacia in the medial patellar facet, and scarred appearance of the medial collateral ligament. As per the September 9, 2013 visit note, exam of the left knee showed fullness at the fat pad, with no noted tenderness. The recent medical record dated September 25, 2013 indicates that the patient continues to experience patellofemoral left knee pain. Current medication includes ibuprofen. While the patient complains of left knee pain, the records submitted for review did not contain specific objective findings such as bony enlargement, bony tenderness, and crepitus on active motion including laboratory tests to support the diagnosis of knee osteoarthritis. The doctor stated that the patient has failed all the other conservative treatment including steroid injections and hence, as a last resort they are requesting viscose supplementation prior to considering surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for three (3) P2P-Series Synvisc/Visco Injections for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Section Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee (Acute and Chronic), Hyaluronic acid injections.

Decision rationale: According to ODG guidelines hyaluronic acid injections are not recommended for chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. With respect to three (3) P2P-Series Synvisc/Visco Injections, it is not supported by the guidelines for this patient with a history of Chondromalacia Patellae. Therefore the request is not certified.