

Case Number:	CM13-0046249		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2010
Decision Date:	03/07/2014	UR Denial Date:	10/24/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a 40-year-old who was seen by [REDACTED] on 06/11/2013 with chief complaint of left knee pain with history of medial femoral condyle chondromalacia. His past surgical history was significant for left knee scope in January 2011. On physical exam, there was tenderness to palpation over medial joint line, motor strength was 5+ in quadriceps and hamstring. Negative Lachman, Apley, and McMurray. Knee extension was 0 degrees. He was then treated with physical therapy, which he tolerated well. A follow up note dated 08/01/2013 by [REDACTED] showed there was point tenderness along medial joint line, 4/5 strength with knee flexion and extension, grinding and crepitus with significant effusion of his knee, worsening symptoms with mechanical locking and catching sensation. He was referred for MRI of the left knee that was performed on 09/03/2013 showed, "extensor mechanism strain or stress response with peripatellar bursitis. Small medial plica and subjacent minute focus of chondromalacia in the medial patellar facet. Scarred appearance of the medial collateral ligament. Otherwise structurally sound." A follow up note dated 09/25/2013 by [REDACTED] indicates that he had obvious gross improvement from physical therapy program. [REDACTED] noted that he has had cortisone shots in the past that provided him good relief of pain and recommended Synvisc shot for his left knee. There is a previous non-certification by [REDACTED] who stated there is no objective evidence of bony enlargement, bony tenderness, and crepitus on active motion. He further noted that there is no documentation of relevant laboratory procedures such as ESR, rheumatoid factor test, and synovial fluid analysis to support the necessity of the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of three Synvisc/Visco injections for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345 - 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Knee & Leg (Acute & Chronic) Chapter, Hyaluronic Acid Injections Section, and Physical Medicine and Rehabilitation, 3rd Edition, Chapter 40 - Musculoskeletal Disorders of the Lower Limb, pages 855 - 881.

Decision rationale: Synvisc/Viscosupplementation of the left knee is indicated for osteoarthritic/degenerative changes of the affected joint. There is no indication or evidence in the current literature to support the use of viscosupplementation for inflammatory conditions such as bursitis or tendonitis. There is also no evidence in the literature to support viscosupplementation (Synvisc) for chondromalacia, which refers to softening of the cartilage. The request for a series of three Synvisc/Visco injections for the left knee is not medically necessary or appropriate.