

Case Number:	CM13-0049184		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2012
Decision Date:	04/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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 patient with a date of injury of 5/4/12. A utilization review determination dated 10/10/13 recommends non-certification of Synvisc and PT. A 10/28/13 medical report identifies that an MRI from 9/5/13 reveals a Wiberg type 3 patella, moderate chondromalacia, subchondral marrow edema, and microcyst formation. The patient has bilateral knee pain. On exam, there is left knee tenderness with patellofemoral crepitation, positive grind test, and pain with deep squat. Therapy was recommended as the patient was said to not have undergone a course of therapy for the left knee. An addendum of the same date noted a request for Synvisc for the left knee due to stiffness, achiness, and pain as well as evidence of osteoarthritis with medial compartment joint space narrowing on the most recent weightbearing x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION 6ML(48MG) INTO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for knee & leg, 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 Chapter, section on Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc One injection to the left knee, the ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, there is documentation of exam and imaging findings of osteoarthritis of the left knee. However, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc One injection to the left knee is not medically necessary.

PHYSICAL THERAPY FOR THE LEFT KNEE 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

Decision rationale: Regarding the request for PHYSICAL THERAPY FOR THE LEFT KNEE 2X6, California MTUS supports up to 10 PT sessions for this injury. Within the documentation available for review, there is documentation of left knee tenderness with patellofemoral crepitation, positive grind test, pain with deep squatting, and osteoarthritis on x-ray. The provider noted that the patient has not had PT for the left knee. A short course of PT would be appropriate as conservative treatment for the knee; however, the number of sessions requested exceed the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested PHYSICAL THERAPY FOR THE LEFT KNEE 2X6 is not medically necessary.