

Case Number:	CM13-0051903		
Date Assigned:	12/27/2013	Date of Injury:	08/10/2012
Decision Date:	03/12/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 57 year old female with a date of injury of 8/10/2012. Patient has been treated for ongoing knee pain, with a diagnosis of internal derangement of the knee. Patient had a partial medial meniscectomy in November, 2012. Previous MRI from July, 2013 demonstrated joint effusion, loss of articular cartilage of the median ridge and medial articulating facet of the patella that is unchanged from prior study, and moderately significant generalized loss of articular cartilage of the medial femoral condyle and medial tibial plateau. Knee x-ray showed patellofemoral as well as medial compartmental osteoarthritis. Subjective complaints are persistent right knee pain that has not been improving. Recent physical exam shows right knee medial joint line tenderness and crepitus. Previous treatments have included physical therapy with noted improvement. The submitted documentation does not identify any pharmacologic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x 3 to the Right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Compensation, Online Edition, Chapter: 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, Hyaluronic Acid Injections

Decision rationale: CA MTUS does not offer recommendations for hyaluronic acid injections. In the ODG it is recommended as an option for osteoarthritis. Indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Also indicated for patients who are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. As well as younger patients wanting to delay total knee replacement. While this patient has documented articular cartilage loss in the medial knee, the evidence for significant symptomatic osteoarthritis and functional limitations was not apparent in the submitted records. Patient has undergone nonpharmacological treatments (physical therapy) with noted improvement, hence had response to nonpharmacologic measures. There is no evidence of an inadequate response or intolerance to pharmacologic treatments for osteoarthritis. Therefore, due to this, and failure to meet established guidelines, the medical necessity of this treatment is not established.