

Case Number:	CM13-0055059		
Date Assigned:	06/09/2014	Date of Injury:	07/27/2011
Decision Date:	08/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 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:

A progress note dated 10/23/13 indicates persistent neck, back and left knee pain. Physical exam demonstrates bilateral knee effusions, positive crepitus, and mildly positive pivot shift test. 5/1/14 progress report indicates a significant past medical history of gastroesophageal reflux disease, chronic neck, back and shoulder pain, chronic fatigue, history of Epstein-Barr virus hepatitis. The patient has been complaining of persistent right shoulder pain. There is consistent bilateral knee pain. 5/27/14 right knee magnetic resonance imaging (MRI) demonstrates chondromalacia patella, degenerative tears of the medial meniscus. 12/27/13 left knee MRI demonstrates thinning with fissuring of the retropatellar articular cartilage, fissuring of the mid trochlear cartilage, described as high grade. 5/15/14 physical exam demonstrates bilateral knee effusions, positive crepitus, mildly positive pivot shift. Treatment to date has included extensive physical therapy, medication, and activity modification. There is documentation of a previous 11/7/13 adverse determination for insufficient evidence of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SYNVISIC INJECTIONS FOR THE BILATERAL KNEES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Knee and Leg Chapter), Viscosupplementation Other Medical Treatment Guideline or Medical Evidence: Article 'Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis'.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not apply. Official Disability Guidelines (ODG) recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. The patient presents with persistent bilateral knee pain recalcitrant to prolonged attempts at conservative care. His knees seem stiff and weak; physical exam demonstrates some crepitation on the right side with severe tenderness. A recent physical exam demonstrates bilateral knee effusions, positive crepitus, mildly positive pivot shift. Imaging findings include bilateral knee magnetic resonance imaging (MRI) that demonstrate varying degrees of osteoarthritis. Therefore, the request for outpatient synvisc injections for the bilateral knees was medically necessary.