MAXIMUS Federal Services

Case Number:	CM14-0001216		
Date Assigned:	01/22/2014	Date of Injury:	05/13/1998
Decision Date:	03/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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, and is licensed to practice in California, District of Columbia, Maryland, and Florida. 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 37 year old male with a date of injury of 5/13/1998. Medical records reviewed indicate the patient was treated for a history of lumbar disc displacement, post-laminectomy syndrome of lumbar region with lumbar radiculopathy, chronic pain syndrome the low back and lower extremities, history of right knee injury status post previous right knee arthroscopy in the 1990's by [redacted], and status post right knee diagnostic and operative arthroscopy on 4/12/2013. The patient is status post right knee diagnostic and operative arthroscopy on 4/12/2013 by [redacted] with a preoperative and postoperative diagnosis of the right knee to be chondromalacia, synovitis, and lateral meniscal tear. Per the evaluation dated 12/9/2013 by [redacted], the patient reported slow and steady progress but continues to have stiffness, achiness, and pain involving the right knee. He also had subsequent swelling of the right knee and reportedly benefited from physical therapy in the past. Objectively, the right knee exam revealed a well-healed arthroscopic portals, trace effusion, and tenderness to palpation over medial and lateral jointline as well as posteriorly about the knee. There was positive patellofemoral crepitation and positive grind test and pain with deep squat. Prior treatment has included physical therapy, right knee surgery, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc One injection 6ml into 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), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Knee (Acute and Chronic) (updated 01/20/14)-Hyaluronic acid injections

Decision rationale: With respect to 1 Synvisc One injection 6ml into the right knee, it is not supported by the guidelines for this patient with a history of Chondromalacia Patellae. According to ODG-TWC Guidelines updated 01/20/2014, Hyaluronic acid injections are not recommended for any other indications such as 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 (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established.