

Case Number:	CM14-0108811		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2006
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 and 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 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:

The patient is a 67 year old female with a work injury dated 12/22/06. On the date of injury the patient missed a step walking upstairs, fell forward and landed on her left knee. The diagnoses include osteoarthritis of the bilateral knees. She is status post an 11/19/10 left knee arthroscopy. She has had physical therapy, medication management, ice, a 12/13 Synvisc injection of the knee and a 1/2013 right knee Synvisc injection. Under consideration is a request for Synvisc one injection 6 ml x 1 to the left knee. There is an orthopedic physician report dated 5/13/14 that states that based on his arthroscopic findings on November 19, 2010, the patient was noted to have grade 4 chondromalacia of the central trochlea 80% and grade 4 chondral injury of the medial femoral condyle measuring 1 x 2 cm. She also had a complex tear of the medial meniscus of her left knee. She has sustained a fall that caused her left knee injury. She has underlying chondromalacia and this has significantly progressed because of the fact that she has had a meniscal injury and has required partial medial meniscectomy. She requires periodic viscosupplementation of her left knee. A 1/29/14 physician progress note states that the patient has been having some left knee osteoarthritis. She has responded well to a Synvisc. Her last injection was approximately six weeks ago. The patient is cared for by a different doctor, but comes to discuss possible evaluation for a total knee arthroplasty. She reports, she actually has very minimal pain after she received viscosupplementation injections. On exam she has full range of motion of her lumbar spine in forward flexion as well as external rotation. She has full range of motion of her bilateral hips as well as bilateral knees 0 to 135. She has some medial and lateral joint tenderness on her left knee, but normal sensation L2-S1. 5/5 strength in the quadriceps, EHL, tibialis anterior and gastroc-soleus and +2 dorsalis pedis pulses. 1/29/14 X-

rays, four views of the left knee were taken, which show preserved joint space in the medial and lateral patellofemoral compartments.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION 6ML X1 TO THE LEFT 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.

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, Hyaluronic acid injections.

Decision rationale: ODG states that 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). The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. The imaging studies in the documentation submitted do not reveal osteoarthritis. The request for Synvisc one injection 6ml x 1 to the left knee is not medically necessary.