

Case Number:	CM14-0010314		
Date Assigned:	02/21/2014	Date of Injury:	11/30/2010
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery 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:

The claimant is a 52-year-old male who was injured on November 30, 2010. The clinical progress note dated January 7, 2014 documents diagnoses of patellae chondromalacia, subtalar arthritis, and chronic regional pain syndrome. The claimant complains of crepitus at the right knee with associated swelling, decreased mobility, joint instability, lifting, locking, and popping. The clinician indicates that Synvisc injections were previously provided. Current medications include Etodolac ER 400 mg and gabapentin. The physical examination documents no effusion, malalignment or instability. Range of motion the knee is documented as being from 0 to 135°. Patellar apprehension is negative and there is no ligamentous laxity documented. The clinician indicates claimant's failed anti-inflammatories, corticosteroid injections, and physical therapy. The 3rd and final Synvisc injection appears to have previously been given on July 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SYNVISIC INJECTIONS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: The MTUS and California ACOEM do not address this topic. The ODG notes that acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy or osteochondritis dissecans or patellofemoral arthritis. Based on the clinical documentation provided, the claimant has a diagnosis of patellofemoral chondromalacia, which is not an indicated diagnosis. As such, the requested injections are considered not medically necessary.