MAXIMUS Federal Services

Case Number:	CM14-0120065		
Date Assigned:	08/06/2014	Date of Injury:	08/30/2011
Decision Date:	12/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 has a date of injury of August 30, 2001. The patient was diagnosed with bilateral knee patellofemoral chondromalacia. He left knee arthroscopy in May 2012. The patient had Visco supplementation the bilateral knees with short-term relief. He continues to have bilateral knee pain.An MRI the right knee from October 2013 shows chondromalacia of the patella with scar tissue in the knee. The patient had a left knee diagnostic arthroscopy in 2012 and continues to take anti-inflammatory medications.On a physical examination there is crepitus in the bilateral knees with range of motion. There is a full range of knee motion bilaterally and tenderness of the patellofemoral articulation bilaterally. At issue is whether additional injection therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines for Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: This patient does not meet establish criteria for Synvisc injection. The medical records do not document that the patient has exhausted conservative measures for osteoarthritis of the knee. There is no documentation a recent trial and failure physical therapy. There is no documentation of injection with intra-articular steroids. Criteria for Synvisc injection are not met.

Synvisc one injection to right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines for Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: This patient does not meet establish criteria for Synvisc injection. The medical records do not document that the patient has exhausted conservative measures for osteoarthritis of the knee. There is no documentation a recent trial and failure physical therapy. There is no documentation of injection with intra-articular steroids. Criteria for Synvisc injection are not met.

PRP injection for left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG knee chapter

Decision rationale: PRP injection remains experimental for the treatment of knee pain. In addition, the medical records do not document that the patient has exhausted conservative measures for the treatment of degenerative knee pain. There is no documentation of intra-articular steroid injection. There is no documentation a recent trial and failure physical therapy. More conservative measures are medically necessary. PRP Injection is not medically necessary and appropriate.

PRP injection for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: PRP injection remains experimental for the treatment of knee pain. In addition, the medical records do not document that the patient has exhausted conservative

measures for the treatment of degenerative knee pain. There is no documentation of intra-articular steroid injection. There is no documentation a recent trial and failure physical therapy. More conservative measures are medically necessary. PRP Injection is not medically necessary and appropriate.