

Case Number:	CM14-0170676		
Date Assigned:	10/23/2014	Date of Injury:	05/03/2011
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 05/03/11 when, while standing up from a seated position, he had popping of the left knee with immediate swelling and pain. Treatments included left knee arthroscopy with chondroplasty and synovectomy. He had postoperative physical therapy. He continues to be treated for knee pain. He was seen on 02/27/14. He was having left worse than right knee symptoms. He had left knee stiffness and burning over his right knee. Physical examination findings included knee tenderness with crepitus and decreased strength. A series of Synvisc injections was started. On 04/03/14 there had been some relief of knee pain after the injections. He, however, continued to be symptomatic and was having bilateral knee pain and stiffness, which would improve during the day. Physical examination findings included crepitus and pain with range of motion bilaterally. On the right side, he had decreased range of motion and positive McMurray testing. Recommendations included continued home exercise and weight-loss. On 09/18/14 he was having ongoing symptoms. He was wearing a knee brace. He had burning pain over the left knee under the patella and was having painful patellar crepitations. Physical examination findings included patellofemoral tenderness with crepitation and positive Clark testing. There was atrophy of the quadriceps muscle and he was wearing a knee brace. Authorization for another series of Synvisc injections was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic left knee pain. Treatments have included surgery and viscosupplementation injections done in February and March 2014 with only some degree of improvement and with ongoing symptoms and limitations in April. Per guidelines, Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant has already had a series of injections with limited improvement. Therefore, the requested repeat series of injection is not medically necessary.