

Case Number:	CM14-0024376		
Date Assigned:	06/11/2014	Date of Injury:	07/17/2012
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Interventional Spine 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 patient is a 57 year old with an injury date of July 17, 2012. Based on the January 21, 2014 progress report provided by [REDACTED] the diagnoses include a history of industrial injury to the right knee on July 17, 2012 while employed by Mission Landscape, status post right knee arthroscopy on October 24, 2012 and status post Synvisc One for right knee on July 22, 2013. The patient also received MRA studies of the right knee showing medial meniscal tear and patellofemoral chondromalacia and lateral patellar tracking and MRI studies from October 20, 2013 of the left knee showing meniscal degeneration as well as proximal patellar tendinosis. An exam of left knee on January 21, 2014 showed "positive patellofemoral crepitation, positive grind test, pain with deep squat and trace effusion." [REDACTED] is requesting Synvisc injection left knee. The utilization review determination being challenged is dated February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Synvisc for knee.

Decision rationale: This patient presents with left knee grinding/pain and is s/p right knee arthroscopy from October 24, 2012. The physician asked for a Synvisc injection to the left knee on January 21, 2014 because the patient has MRI evidence of chondromalacia as well as evidence of medial joint space narrowing on most recent weight-bearing x-rays. A review of the report shows patient has not had a prior Synvisc injection for left knee. An MRI report on October 20, 2013 showed degeneration of the medial meniscus, no evidence of tear and proximal patellar tendinosis. A January 21, 20/14 report mentions recent x-rays, but no documentation of radiographic imaging found in provided reports. Regarding hyaluronic acid injections, the ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. In this case, patient presents with symptoms of chondromalacia, for which hyaluronic acid injections are not indicated per ODG. Synvisc injections are only indicated for osteoarthritis, which this patient does not have. The requested Synvisc injection for left knee exceeds ODG guidelines for patient's condition; therefore the request is not medically necessary.