

Case Number:	CM14-0025225		
Date Assigned:	06/11/2014	Date of Injury:	08/13/2013
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 51-year-old female who reported an injury on 08/13/2013 as a result from twisting her knee while carrying an object. Other therapies were noted to include acupuncture and physical therapy. The submitted imaging studies included an MRI that was noted to reveal a meniscal tear or evidence of recent tendon/ligamentous injury with low grade patellar chondral loss and fissuring. Within the clinical note dated 03/13/2014, it was noted that the injured worker's chief complaint was pain in the right knee with symptoms unchanged from the previous visit. The physical exam revealed no soft tissue swelling with parapatellar tenderness noted medially, laterally, on the inferior aspect, and superior patellar aspect. The physical exam further revealed a negative McMurray's sign; however, the injured worker had a positive patellofemoral compression test. The diagnosis at the time of the exam was noted to be right knee low grade patellar chondral loss and fissuring. The request for authorization was dated 03/26/2014 within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE SYNVISCO ONE INJECTION: 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) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The request for a right knee Synvisc One injection is non-certified. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears to be modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including patellofemoral arthritis and chondromalacia patella. Throughout the documentation, the diagnosis included low grade patellar chondral loss and fissuring which is not indicated by the guidelines for utilization of hyaluronic acid injections. Without further documentation of a diagnosis to be indicated by the guidelines as a diagnosis that would be indicated for utilization of hyaluronic acid injections the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary and appropriate.