MAXIMUS Federal Services

Case Number:	CM14-0034433		
Date Assigned:	06/20/2014	Date of Injury:	07/28/2010
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 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:

This 25 year old patient has a date of injury of 7/8/10. The mechanism of injury was running with children; afterward, the patient felt a subsequent pop in her left knee. On a progress note dated 12/30/13, she reports persistent left patellar knee pain, is unable to squat, and is having knee pain with knee extension quad exercises. Objective findings show she tolerates full knee range of motion passively with some anterior knee pain at full flexion. A left knee MRI dated 3/12/12 was unremarkable. Diagnostic impression shows chondromalacia of left knee, disorder of left meniscus, and ecchymosis left tibial tuberosity. Treatment to date has been medication therapy, behavioral modification, physical therapy, and intra articular steriod/anesthetic injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) KNEE SYNVISC INJECTIONS X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines indications for viscosupplementation include patients who experience significantly symptomatic osteoarthritis, but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; and younger patients wanting to delay total knee replacement. In the reports reviewed, the patient is documented to have chondromalacia, not osteoarthritis. Furthermore, the patient is only 24 years old with an unremarkable MRI of the left knee dated on 3/11/12. There was clear rationale was provided to justify the need for injections in this case. Therefore, the request is not medically necessary.