

Case Number:	CM14-0034825		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2011
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 is licensed to practice in Texas and Oklahoma. 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 57-year-old female with a reported date of injury on 09/13/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right knee mild scarring fat pad, grade 4 changes to the patella, medial femoral condyle and medial tibial plateau, right knee pain exacerbated by new injury, right knee degenerative joint disease, left knee chondromalacia patella. Her previous treatments were noted to include ice applications, medication and steroid injections. The unofficial MRI, performed 10/31/2011, showed mild scarring fat pad, no new tear, and grade 4 changes in the patella, medial femoral condyle, and medial tibial plateau. The progress note dated 01/23/2014 revealed the injured worker complained of bilateral knee pain. The injured worker rated her pain 7/10 to 8/10 and reported her symptoms were worse during activity in the afternoon. The physical examination revealed no gross muscle weakness and the injured worker displayed no gross deficits except for those noted in the extremity exam. The bilateral knee inspection revealed no effusion, no erythema, no warmth, no palpable masses, and parapatellar tenderness was noted medially and laterally. There was a negative McMurray's and patellofemoral compression test. The extension to the right knee was 0 degrees and flexion was to 120 degrees. The extension to the left knee was 0 degrees and the flexion was to 120 degrees. The request for authorization form was not submitted within the medical records. The request is for bilateral knee Synvisc 1 injection, quantity 2; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee synvisc one injection Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hyaluronic Acid injection.

Decision rationale: The request for bilateral knee Synvisc 1 injection, quantity 2 is not medically necessary. The injured worker was diagnosed with right knee mild degenerative joint disease and left knee chondromalacia. The injured worker received previous bilateral knee Synvisc 1 injections in 11/2010. The Official Disability Guidelines recommend Hyaluronic acid injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment (exercise, NSAIDs, or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patella, osteochondritis dissecans, or patellofemoral syndrome. The guidelines criteria for hyaluronic acid injections is injured workers experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant to these therapies after at least 3 months. There must be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. There must be failure to adequately respond to aspiration injection of intra-articular steroids. There is a lack of documentation regarding symptoms of severe osteoarthritis of the knee. The injured worker has received previous Synvisc injections but there is lack of documentation regarding efficacy of those injections. The injured worker was diagnosed with left knee chondromalacia patella, which is contraindicated for Hyaluronic acid injections. Therefore, due to not enough documentation regarding symptoms of severe osteoarthritis and a contraindication of chondromalacia patella, a Hyaluronic acid injection is not appropriate at this time. Therefore, the request is not medically necessary.