

Case Number:	CM14-0042248		
Date Assigned:	06/30/2014	Date of Injury:	04/26/2009
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of April 26, 2009. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; topical agents; opioid therapy; and extensive periods of time off of work. In a utilization review report dated March 12, 2014, the claims administrator denied a request for a series of three Synvisc injections. The applicant's attorney subsequently appealed. A February 24, 2014 progress note is notable for comments that the applicant reported persistent neck, knee, and low back pain, 6-8/10. The applicant was using Lodine, Prilosec, Flector, and Vicodin, it was stated. The applicant was given a diagnosis of knee chondromalacia patella. The applicant exhibited a body mass index (BMI) of 35. The applicant was asked to lose weight. Three viscosupplementation injections were sought. The applicant was placed off of work. It was stated that the applicant had failed corticosteroid injections, physical therapy, and medication therapy for her knee issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections, three (3) series, 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 and Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 3rd Edition) Injections section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, viscosupplementation injections are indicated in the treatment of moderate-to-severe knee osteoarthritis and, in some cases, knee pain following an earlier meniscectomy surgery. In this case, however, there is no evidence that the applicant carries either diagnosis of postsurgical knee pain following meniscectomy or knee arthritis for which Synvisc injections would be indicated, per ACOEM. Rather, the applicant appears to have mechanical knee pain secondary to obesity and chondromalacia patella. These are not indications for viscosupplementation injections, per ACOEM. Therefore, the request for Synvisc injections, three (3) series, left knee is not medically necessary.