

Case Number:	CM14-0078475		
Date Assigned:	07/18/2014	Date of Injury:	10/17/2011
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopaedic Surgery 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 33-year-old female Juvenile Institutional Officer II sustained an industrial injury on 10/17/11. The injury occurred when she performed a floor containment maneuver while intervening in a fight between two minors. She underwent left knee arthroscopy with synovectomy, debridement and microfracture of a grade IV chondral defect of the patella with lateral retinacular release on 12/12/12. A left knee patellar autologous chondrocyte implantation, open partial synovectomy with anterior interval release and tibial tubercle transfer with anterior medicalization was performed on 8/28/13. She then underwent left knee arthroscopy, lysis of adhesions, abrasion chondroplasty of the medial trochlear ridge, partial synovectomy, and light manipulation under anesthesia on 12/4/13. The 4/11/14 orthopedic progress report cited the patient was very symptomatic relative to the left knee. She reported increased episodes of popping and pain over the past 2 to 3 weeks and swelling was reported at the end of her work day. The physical examination documented moderate effusion of the left knee, full range of motion, and medial and lateral joint line tenderness to palpation. The knee was stable to varus and valgus stress, anterior and posterior drawer. Lachman was negative. X-rays of the left knee showed no bony abnormalities or fractures. There was no joint space narrowing. The patient had failed conservative treatment including activity modification, physical therapy, anti-inflammatories, and steroid injection. A Synvisc injection was recommended. The patient remained at modified duty. The 5/23/14 utilization review denied the request for Synvisc based on absence of guidelines support for viscosupplementation in isolated patellofemoral arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Hyaluronic Acid injections.

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

Decision rationale: The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines (ODG) state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not generally recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis. In addition to that, it is not recommended for patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. This patient presents with a long standing history of left knee articular arthritic patello-femoral chondromalacia symptoms. Comprehensive conservative treatment has been tried but failed. The use of Synvisc is generally not consistent with applicable guidelines as essentially isolated patellofemoral disease has been documented. Therefore, this request for Synvisc injection to the left knee is not medically necessary.