

Case Number:	CM14-0096130		
Date Assigned:	07/25/2014	Date of Injury:	09/13/2011
Decision Date:	09/30/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The patient is a 43-year-old female who has submitted a claim for chondromalacia associated with an industrial injury date of September 13, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right knee pain. Physical examination showed ROM of 0-130 degrees. There was positive patellar compression test with crepitus. MMRI of the right knee dated 10/14/12 showed mild to moderate patellofemoral chondromalacia. Treatment to date has included surgery (right knee arthroscopic partial lateral meniscectomy and chondroplasty of the patella and medial femoral condyle), 24 physical therapy visit, and one Synvisc One injection 9 months prior to the request, and Motrin. Utilization review from June 20, 2014 denied the request for Synvisc-One Injection for the Right Knee because routine hyaluronic acid injections, according to literature, cannot be recommended for routine use and the patient also had failed prior surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-One Injection for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee and Leg. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae. In this case, the patient's knee pathology is chondromalacia patella confirmed by MRI. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Synvisc-One Injection for the Right Knee is not medically necessary.