

Case Number:	CM14-0096761		
Date Assigned:	07/28/2014	Date of Injury:	11/28/2011
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/25/2014

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 Preventive Medicine has a subspecialty 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 injured worker is a 42 year old male who was injured at work on 11/28/ 2011. He reported to his doctor complaining lower back pain assoaited with numbness and tingling sensations that go down his lower limbs. In addition, he complained of pain in his knees. His examination was remarkable for tenderness, spasms and tightness in his lower back, , that goes down to his lower limbs; positive Kemp's test; Positive bilateral straight leg test; tenderness in the medial and lateral joint lines of both knees; positive McMurray test; decreased sensation in the L3 dermatome; decreased big toes, and knee extensors strenght. The MRI of Lubar knees dated 03/28/2014 revealed mild neurofornainal stenosis at L2-L3; while the MRI of the knee done the same day revealed Patella chondromalacia and ganglion cyst, as well as residual of lateral meniscal tear. The injured worker was diagnosed of Status Post anterior/Posterior Lumbar fusion at L4-L5 , and L5-S1 with hardware; S/P Bilateral knee arthroscopic surgery and bilateral knee patella chondromalacia. The injured worker has been treated with chiropractic care, acupuncture, physiotherapy, medications, and synvisc injections. At dispute is the request for synvisc injections, quantity 3, bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections quantity three, to the bilateral knees: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11/28/ 2011. The medical records provided indicate the diagnosis of Status Post anterior/Posterior Lumbar fusion at L4-L5, and L5-S1 with hardware; S/P Bilateral knee arthroscopic surgery and bilateral knee patella chondromalacia.reatments have included chiropractic care, acupuncture, physiotherapy, medications, and synvisc injections. The MTUS does not recommend synvisc injections, quantity 3, to the bilateral knees. While the Official Disability Guidelines (ODG) recommends Synvisc (Hyaluronic acid injections) for patients with severe knee osteoarthritis not responding to conservative measures, this guidelines recommends against using it for treatment of any other knee disorder, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. The records reviewed did not include X-ray diagnosing Knee osteoarthritis. Therefore, the request for Synvisc injections quantity three, to the bilateral knees are not medically necessary and appropriate.