

Case Number:	CM14-0208562		
Date Assigned:	12/22/2014	Date of Injury:	05/11/2013
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 5/11/2013 twisting his left knee while carrying 70 pounds of rebar on his left shoulder. He was diagnosed with degenerative joint disease of the left knee. He was treated with medications and physical therapy. MRI of the left knee showed medial meniscal tear, moderate chondromalacia within the medial knee joint compartment with 3 mm area of complete loss of articular cartilage along the posterior weight-bearing aspect of the medial femoral condyle, severe chondromalacia of the patellar apex, and bone marrow contusion. He was treated with knee arthroscopy/menisectomy/chondroplasty on 5/20/14. On 10/31/14, the worker was seen by his primary treating physician for a follow-up reporting left knee still being painful with "mild/moderate activities," and physical examination findings included tenderness at joint line of the left knee. He was then recommended to have Synvisc for his left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc injections for 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 (ODG), Chapter: Knee and Leg, (Acute and Chronic), 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 section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there was not clear enough evidence of severe osteoarthritis seen by imaging, physical examination findings, or via subjective complaints found in the documents available for review to warrant the Synvisc injections at this point. Therefore, the Synvisc injection will be considered medically unnecessary.