

Case Number:	CM15-0141473		
Date Assigned:	07/31/2015	Date of Injury:	05/24/2011
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female with an industrial injury dated 05-24-2011. The injured worker's diagnosis includes bilateral knee pain with patellofemoral chondromalacia. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06-16-2015, the injured worker reported right elbow pain with swelling, achiness in forearm, and left knee pain and right knee swelling. Objective findings revealed tenderness to palpitation in bilateral knees. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for Synvisc one x 2 for the bilateral knees, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one x 2 for 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 Disability Guidelines -Knee and Leg (Acute & Chronic).

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 claimant sustained a work injury in May 2011 and is being treated for elbow and bilateral knee pain. She has a diagnosis of patellofemoral syndrome with chondromalacia. When seen, she was having right elbow pain with stiffness and aching and bilateral knee pain. Physical examination findings included decreased range of motion with tenderness to palpation. She was referred for physical therapy and authorization for Synvisc one injections to both knees was requested. Prior treatments have included corticosteroid injections with temporary relief. Norco is being prescribed. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intraarticular steroids. There is insufficient evidence for hyaluronic acid injections for the treatment of other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings of chondromalacia and there is no diagnosis of severe osteoarthritis. She was also referred for physical therapy. There is no evidence of failure of conservative treatments including oral medications and the requested physical therapy. The requested series of injections is not medically necessary.