

Case Number:	CM15-0149539		
Date Assigned:	08/13/2015	Date of Injury:	07/21/2011
Decision Date:	09/10/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/31/2015

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:

This is a 47-year-old male with a July 21, 2011 date of injury. A progress note dated June 18, 2015 documents subjective complaints (back pain is about the same and can radiate to either leg; pain to the knee), objective findings (some palpable tender spots in the lumbar paraspinal muscles; palpable spasm of the back; positive straight leg raising; decreased range of motion of the lumbar spine; left knee without effusion or tenderness), and current diagnoses (partial tear of medial meniscus of the left knee; tricompartmental synovitis of the left knee; chondromalacia of medial femoral condyle and patella of the left knee). Treatments to date have included knee injections, knee surgery, medications, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a Synvisc injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in July 2011 and continues to be treated for left knee pain. In September 2011, he underwent arthroscopic surgery with a medial meniscus resection and tricompartmental synovectomy with chondroplasty. An x-ray of the left knee in May 2014 showed findings of decreased medial compartment joint space suggestive of osteoarthritis. When seen, he was having ongoing left knee pain. Physical examination findings included a BMI of nearly 30. There was lumbar paraspinal muscle tenderness with mild spasms and positive straight leg raising. There was decreased lumbar range of motion. There was no left knee tenderness or joint effusion. 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. In this case, there is no diagnosis of severe osteoarthritis. Failure of conservative treatments is not documented. The requested viscosupplementation injection is not medically necessary.