

Case Number:	CM15-0162633		
Date Assigned:	08/28/2015	Date of Injury:	03/14/2014
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 53-year-old woman sustained an industrial injury on 3-14-2014. The mechanism of injury is not detailed. Evaluations include undated bilateral knee MRI. Diagnoses include bilateral knee pain and weakness, right knee tendinitis with meniscal degeneration and patellofemoral chondromalacia, and left knee patellofemoral chondromalacia and osteochondral injury. Treatment has included oral medications and left knee steroid injection. Physician notes dated 8-3-2015 show complaints of left knee pain. Recommendations include left knee injection, Synvisc injection to the left knee, possible surgical intervention, rest, ice, anti-inflammatory medication, knee support brace, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Injection 6 ML into Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 07/10/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for hyaluronic acid injections.

Decision rationale: CA MTUS does not specifically address hyaluronic acid injections (HAI) of the knee. ODG recommends HAI as a possible option for severe osteoarthritis for patients who have not responded to conservative treatment. In this case, there is no radiographic evidence of severe osteoarthritis. MRIs demonstrate chondromalacia, however guidelines do not recommend HAI for this condition. Therefore, the request for HAI of the left knee is not medically necessary or appropriate.

Left Knee Support Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: CA MTUS Guidelines supports the use of knee braces in cases of knee instability secondary to ligamentous dysfunction/rupture. A knee brace can be used to assist patients with instability of the knee. In this case, the records submitted do not indicate any instability of the knee. There is no documented tear/rupture of any ligaments about the knee. Therefore, the request for a knee brace is not medically necessary or appropriate.