

Case Number:	CM15-0023240		
Date Assigned:	02/12/2015	Date of Injury:	10/09/2012
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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 37 year old female, who sustained an industrial injury on 10/9/2012. The diagnoses have included right knee arthropathy and chronic right knee pain. Treatment to date has included physical therapy, acupuncture and pain medication. The injured worker underwent arthroscopic chondroplasty of the right patella and lateral release on 10/23/2014. According to the Primary Treating Physician's Progress Report dated 12/9/2014, the injured worker complained of right knee pain and swelling. Pain was rated 8/10. The injured worker reported that the severity of the pain was the same and flexibility was getting worse due to the swelling that was persistent since the surgery. Physical exam of the right knee revealed slight crepitus. The anterior cruciate ligament (ACL) and posterior cruciate ligament appeared to be stable, but slightly looser than on the left knee. The Primary Treating Physician's Progress Report dated 1/15/2015 noted that the injured worker continued to have right knee pain and swelling that was constant, throbbing, sharp, shooting pain with occasional popping sound. Diclofenac XR and Hydrocodone were refilled. The Request for Authorization dated 1/23/2015 was for Synvisc One to right knee. On 1/29/2015, Utilization Review (UR) non-certified a request for a Right Knee Synvisc. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Synvisc One: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability 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 claimant is more than 2 years status post work-related injury and continues to be treated for chronic knee pain. A recent MRI included findings of high grade chondromalacia affecting the patella and medial compartment. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. There is insufficient evidence for other conditions, including patellofemoral arthritis or chondromalacia. In this case, there is no diagnosis of severe osteoarthritis and therefore this request was not medically necessary.