

Case Number:	CM15-0061032		
Date Assigned:	04/07/2015	Date of Injury:	11/01/2006
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female sustained an industrial injury to the back and bilateral knees on 11/1/06. Previous treatment included magnetic resonance imaging, bilateral knee arthroscopy, physical therapy, chiropractic therapy, acupuncture, aquatic therapy and medications. In a PR-2 dated 2/13/15, the injured worker complained of constant left knee pain. The injured worker reported that the left knee "gives way" when walking causing decreased ability to ambulate. Current diagnoses included lumbar myospasm, left knee grade IV myospasm, left knee grade IV chondromalacia and left knee lateral meniscal tear. The treatment plan included awaiting authorization for an orthopedic surgeon consultation for possible left knee total replacement. The physician noted that Synvisc injections and hinged knee brace had been denied times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection for 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: 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 Knee & leg chapter: Hyaluronic Acid Injections.

Decision rationale: According to the 02/13/2015 hand written report, this patient is status post left knee arthroscopy in February 2014. The current request is for Synvisc Injection for Left Knee. The request for authorization is on 02/18/2015 and the patient's work status is deferred to the PTP. Based on the provided medical reports, the treating physician indicates that the patient is diagnosed with "Contusion/sprain, left knee with underlying degenerative joint disease with chondromalacia [per MR! 12/08/12]." Regarding Hyaluronic (Synvisc) injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that has not responded to other treatments. In this case, the patient presents with chondromalacia of the left knee for which Hyaluronic injections are not indicated. Furthermore, the patient does not present with "severe arthritis" of the knee. There is no evidence of "severe osteoarthritis" found in the records provided. The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.

Durable Medical Equipment, Left Knee Hinged Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 33-340.

Decision rationale: According to the 02/13/2015 hand written report, this patient is status post left knee arthroscopic on February 2014. The current request is for Durable Medical Equipment, Left Knee Hinged. The request for authorization is on 02/18/21015 and the patient's work status is deferred to the PTP. Regarding knee hinged brace, ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, a criterion for knee bracing is much broader. In this case, the provided medical records indicate that the patient had an "anterior cruciate ligament partial tear and lateral meniscus tear" of the left knee. ACL tear is one of the criteria for knee bracing. ACOEM guidelines support knee brace for patient with ACL tear; therefore, the requested Left Knee Hinged IS medically necessary.