

Case Number:	CM15-0083255		
Date Assigned:	05/05/2015	Date of Injury:	06/14/2010
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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: Internal Medicine

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 49 year old male who sustained an industrial injury on June 14, 2010. He has reported left knee pain and back pain and has been diagnosed with cervical spondylosis, myofascial head pain syndrome, lumbar spinal stenosis, right sided lumbar radiculopathy, and internal derangement of the left knee. Treatment has included medical imaging, physical therapy, acupuncture, chiropractic care, massage therapy, A TENS unit, modified work duty, and medications. Currently the injured worker complains of headaches, neck pain, thoracic spine pain, and low back pain. His headaches were reproduced with palpation over the greater occipital nerves bilaterally. There was spasm and guarding present bilaterally about the thoracic spine at T7-T8 with generalized tenderness from approximately T4 through the thoracolumbar junction. Examination of the lumbar spine showed spasm and guarding at the base of the lumbar spine. Examination of the left knee showed medial greater than lateral joint line tenderness. The treatment request included a Synvisc injection of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection Body Part: 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: Knee & Leg - Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ACOEM 3rd Edition 2011 Knee disorders <http://www.guideline.gov/content.aspx?id=36632>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. The neurology consultation report dated 12/9/14 documented magnetic resonance imaging MRI of the left knee. MRI of the left knee dated 2/4/14 revealed advanced medial compartment arthrosis with extrusion of the anterior horn of the medial meniscus and an intrasubstance degeneration, fraying, tearing of the posterior horn of the medial meniscal root, severe patellofemoral arthrosis with grade 3-4 chondrosis, and mild to moderate lateral compartment chondrosis. The permanent and stationary report dated 3/17/15 documented that MRI of the left knee showed advanced medial compartment arthrosis with extrusion of the anterior horn of the medial meniscus. X-ray examination of the left knee consistent with bone-on-bone contact, patellofemoral joint and medial knee joint. The patient was evaluated by an orthopedic surgeon on 7/25/2014 and obtained an X-ray examination of the left knee, with description of grade 4 chondromalacia of the medial compartment of the knee and of the patellofemoral joint. Grade IV chondromalacia describes complete loss of the cartilage and demonstration of bone-on-bone contact. The permanent and stationary report dated 3/17/15 documented examination of the left knee, which showed medial-greater-than-lateral joint line tenderness. There was pain with varus loading of the knee, generally negative with valgus loading of the knees. There was no laxity noted with varus and valgus loading. Anterior and posterior drawer signs were normal. There was normal patellar tracking, but significant crepitus with flexion-extension of the knee seemingly to emanate from the patellofemoral joint. No swelling, erythema, or effusions were noted. There was a full greater than 130 degrees range of motion of the left knee with no loss of extension. The permanent and stationary report dated 3/17/15 was written by the patient's primary treating physician. The permanent and stationary report dated 3/17/15 documented current symptoms according to the patient. The current symptoms according to the patient included headaches, neck pain, thoracic spine pain, low back pain, urinary incontinence, but no mention of knee pain. No knee symptoms were documented as one of the current symptoms according to the patient. Future medical treatment did not include a request for Synvisc injection of the left knee. The primary treating physician progress reports dated 3/12/15, 3/24/15, 3/25/15, and 3/30/15 do not document a request for Synvisc injection of the left knee. The recent primary treating physician progress reports from March 2015 do not document a request for Synvisc injection of the left knee. ACOEM 3rd Edition does not recommend Hyaluronic acid injections for knee disorders. Therefore, the request for Synvisc injection left knee is not medically necessary.