

Case Number:	CM15-0084681		
Date Assigned:	05/06/2015	Date of Injury:	11/17/2012
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, California
 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:

The injured worker is a 34 year old male who sustained an industrial injury on 11/17/12. The injured worker was diagnosed as having chondromalacia fissuring of right femoral trochlea with mild meniscus degeneration and left knee arthralgia. Currently, the injured worker was with complaints of bilateral knee pain. Previous treatments included acupuncture treatment, ice, topical gel, nonsteroidal anti-inflammatory drugs, and activity modification. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for right knee synovial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Synovial Enhancement injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Hyaluronic Acid Injection, Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - knee chapter and pg 62.

Decision rationale: Synovial enhancement injections can often involve regenerative stem cells. It is indicated for osteoarthritis. Stem cell injections and enhancement injections are under study and indicate for knee arthritis. In this case, the claimant has chondromalacia but not the american rheumatological guidelines for arthritis. The request for synovial enhancement injection was not substantiated and not medically necessary.