

Case Number:	CM14-0132164		
Date Assigned:	09/23/2014	Date of Injury:	11/04/2010
Decision Date:	10/28/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported a date of injury of 11/04/2010. The mechanism of injury was reported as a twisting injury. The injured worker had a diagnosis of patellofemoral osteoarthritis. Prior treatments included physical therapy. The injured worker had an MRI of the right knee on 03/26/2014, with the official report indicating osteoarthritis preferentially involving the patellofemoral compartment with full thickness cartilage loss of the median patellar eminence and prominent subchondral cystic change; degenerative radial apical tear at the free edge of the medial meniscal body without displaced meniscal fragments; mild medial bursitis; minimal amount of fluid is seen within the semimembranosus bursa. Surgeries were not indicated within the medical records provided. The injured worker had complaints of bilateral knee pain with difficulty descending stairs. The clinical note dated 07/01/2014 noted the injured worker had 3+ crepitation of the right patella without effusion. Medications were not indicated within the medical records provided. The treatment plan included a right knee injection with Celestone and lidocaine, and the physician's recommendation for bilateral knee steroid injections. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SYNVISCO ONE INJECTION FOR THE BILATERAL KNEES (1 INJECTION PER KNEE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, 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 (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The request for 1 SYNVISIC ONE INJECTION FOR THE BILATERAL KNEES (1 INJECTION PER KNEE) is not medically necessary. The injured worker had complaints of bilateral knee pain with difficulty descending stairs. The guidelines recommend hyaluronic acid injections for patients who have not responded adequately to conservative nonpharmacological and pharmacological treatments, or are intolerant of other therapies after at least 3 months. However, there is a lack of documentation indicating the injured worker has failed the treatment of medications, is intolerant to medication therapies, or has failed an exercise program. It is noted the injured worker was progressing and getting stronger with physical therapy but was still having difficulty descending stairs. Furthermore, the injured worker is noted to have received a steroid injection to the right knee as of 07/01/2014. There is a lack of documentation indicating the injured worker did not respond to this treatment or if pain was reduced. Additionally, the injured worker was diagnosed with patellofemoral osteoarthritis and chondromalacia of patella, for which guidelines do not recommend the use of hyaluronic acid injections. As such, the request is not medically necessary.