

Case Number:	CM14-0149876		
Date Assigned:	09/18/2014	Date of Injury:	03/04/2009
Decision Date:	10/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 51 year old female with an injury date of 03/04/09. Based on the 08/26/14 progress report provided by [REDACTED] the patient complains of left knee pain and is having difficulty with prolonged walking. Physical examination to the left knee shows tissue swelling. There is pain over medial joint and patellofemoral joint. No instability to the cruciate or collateral ligaments. Patient is having persistent symptoms to bilateral knees. Her previous surgery did not give any long-term benefit. Cortisone injection into the left knee helped, but was temporary. Diagnosis 08/26/14; status post left knee arthroscopy, 2011; right knee pain; status post lower back surgery. MRI of left knee dated 12/08/09; minimal effusion within the knee jointslight indistinct, heterogenous appearance of mid to distal Anterior Cruciate Ligament fibers, suspicious for sequela to prior sprain injury/low grade tear; no meniscal tears identified-mild, localized chondromalacia patella along upper/medial aspect of medial patellar facetPer progress report dated 08/26/14, treating physician believes patient has exhausted her conservative care including therapy, activity modification and cortisone injections. Patient is unable to utilize anti-inflammatories due to gastritis. [REDACTED] is requesting Series of 3 Synvisc injections, Left knee. The utilization review determination being challenged is dated 09/12/14. The rationale is "limited documentation of osteoarthritis or discussion plan to avoid knee replacement surgery." [REDACTED] is the requesting provider, and he provided treatment reports from 12/08/09 - 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Synvisc injections, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and leg procedure Summary: 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), ODG-TWC guideline has the following regarding hyaluronic acid injections: (<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>)

Decision rationale: The patient presents with left knee pain. The request is for Series of 3 Synvisc injections, Left knee. Patient is status post left knee arthroscopy, 2011. The left knee shows tissue swelling per physical examination dated 08/26/14. ODG-TWC guideline has the following regarding hyaluronic acid injections: "Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria." Treating physician believes patient has exhausted her conservative care including therapy, activity modification and cortisone injections. Review of reports do not show documented evidence of severe osteopathic arthritis. MRI of left knee dated 12/08/09 reveals mild, localized chondromalacia patella. Request does not meet ODG criteria, therefore the request is not medically necessary.