

Case Number:	CM14-0156068		
Date Assigned:	10/03/2014	Date of Injury:	07/26/2013
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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:

This 54-year-old female sales associate sustained an industrial injury on 7/26/13. The mechanism of injury was not documented. The patient underwent right knee arthroscopy with medial and lateral meniscectomy, chondroplasty for osteochondritis dissecans, and patellofemoral chondroplasty on 4/3/14, and completed post-op physical therapy. The operative report documented a complex tear of the medial and lateral meniscus, moderate to severe patellofemoral joint osteoarthritis, medial and lateral femoral osteochondritis dissecans, medial and lateral tibial plateau cartilage loss, and extensive villonodular synovitis. The 8/25/14 treating physician report indicated the patient was working modified duty, taking Aleve, and exercising at home. There was intermittent slight right knee pain with occasional swelling. Pain was increased with prolonged walking, standing, and use of stairs. Physical exam documented normal gait, no effusion, medial and lateral tenderness, and full range of motion with patellofemoral pain. The treatment plan included continued home exercise, and Synvisc injections x 3. The 9/4/14 utilization review denied the request for Synvisc injections as there was limited clinical exam and no imaging evidence of osteoarthritis to support the medical necessity. The 9/15/14 treating physician report cited persistent right knee pain and stiffness. Pain increased with prolonged walking and standing, and at night. She was developing left knee pain. The patient was working modified duty and was taking anti-inflammatory medication. Physical exam documented normal gait, healed arthroscopic portals, full active range of motion with patellofemoral pain and crepitation. The treating physician stated that the patient had cartilage damage seen intraoperatively and again requested Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x 3, Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic Acid Injections

Decision rationale: The California MTUS guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. This patient presents with persistent pain, stiffness, and crepitation following right knee surgery. Functional limitation is noted in prolonged standing, walking and stair use. The operative report documented moderate to severe osteoarthritis. Reasonable conservative treatment has been tried and failed to alleviate these persistent symptoms. Therefore, this request is medically necessary.