

Case Number:	CM13-0032980		
Date Assigned:	03/19/2014	Date of Injury:	11/30/2005
Decision Date:	04/06/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 43-year-old male who sustained an industrial injury on 11/30/2005. He has reported pain in his right ankle and right knee. Diagnoses include knee chondromalacia. Treatment to date for the knee includes conservative therapy including physical therapy, pharmacotherapy (non-steroidal anti-inflammatories and or topical capsaicin cream) and has not resulted in functional improvement. Aspiration and injection of Intraarticular steroids was not beneficial. A progress note from the treating provider dated 09/11/2013 indicates that the IW has bilateral knee pain and mechanical symptoms that include clicking, catching, popping, locking and giving way. The physical exam shows tenderness along the medial joint line, positive McMurray's sign, and Apley's compression test, tenderness along the patellofemoral articulation with patellofemoral crepitation, positive grind test, and pain with deep squat. The side of the right ankle shows a well-healed incision, but the IW is still tender at the outside of the heel, and range of motion is painful. The plan is to ask for MRI of the knee. Viscosupplementation is also requested. On 09/24/2013 Utilization Review non-certified a request for Synvisc one injection 6ml to the bilateral knees, noting insufficient documented evidence of knee osteoarthritis per imaging. 10/24/13 office note documented complaints of bilateral knee pain increased with weight bearing activity and deep squatting, as well as clicking and popping. Pain was primarily along the medial joint line and medial patellar border. 10/17/13 right knee MRI showed grade 2 partial thickness micro tear and degeneration of the fibers of the proximal patellar tendon, with enthesopathy at the inferior pole of the patella and patellar tendon attachment. There was no change in a full thickness fissure in the midline femoral trochlear groove. Oblique fissure was

noted in the medial trochlear facet and there was chondromalacia in the surrounding regions of the medial trochlear facet. There was mild chondromalacia of the patellofemoral compartment with erosion beneath the patellar facet. 10/17/13 left knee MRI showed chondromalacia of the lateral patellar facet, trochlear groove and medial femoral condyle. Treating physician also stated that recent weight bearing x-rays showed joint space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection 6ml to the Bilateral Knees: 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 ODG Knee & Leg Chapter, Hyaluronic acid injections.

Decision rationale: ODG criteria for hyaluronic acid injections are not met. Provider has documented symptoms of knee osteoarthritis, which interfere with functional activities as well as positive imaging findings. However, an inadequate course of other conservative treatments for the knee is documented. There is no documentation of a course of physical therapy for the knees, or of a previous trial of joint aspirations and injection of intra-articular steroids to the knees. Therefore, based upon the submitted documentation and ODG criteria for hyaluronic acid injections, medical necessity is not established for this request.