

Case Number:	CM14-0105480		
Date Assigned:	07/30/2014	Date of Injury:	02/05/2001
Decision Date:	06/30/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male, who sustained an industrial injury on 02/05/2001. The injured worker reported left knee pain after he slipped on wet stairs. On provider visit dated 06/09/2014 the injured worker has reported left knee pain. On examination of the left lower extremity revealed well-healed arthroscopic portals. Knee was noted to have crepitus and pain with flexion-extension functions. Grade 1 to 2 effusion was noted. Collateral and anterior - posterior stability were noted as fair. The diagnoses have included permanent and stationary left knee injury, with primarily patellofemoral arthrosis symptoms. Treatment to date has included injections and medication Celebrex and Norco, and Ibuprofen. The provider requested Synvisc (hyaluronic acid) left knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc (hyaluronic acid) left knee 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: Knee & Leg (Acute & Chronic).

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 claimant has a remote history of a work injury occurring in February 2001 and continues to be treated for left knee pain. When seen, there was crepitus and pain with range of motion. There was a joint effusion. Recommendations included obtaining x-rays. There was a diagnosis of patellofemoral arthritis. Notes reference Celebrex and Norco as having been particularly helpful. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has patellofemoral arthritis. Therefore, the Synvisc injection was not medically necessary.