MAXIMUS Federal Services

Case Number:	CM14-0106985		
Date Assigned:	08/01/2014	Date of Injury:	08/15/2012
Decision Date:	05/28/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 55 year old male who sustained a work related injury August 15, 2012. According to a treating physician's progress notes, dated May 5, 2014, the injured worker presented for orthopedic re-evaluation of his bilateral knees. Past history included s/p right knee diagnostic and operative arthroscopy, December 2012 and left knee arthroscopy October, 2012. He has been receiving viscosupplementation into the bilateral knees with intermittent Kenalog injections and presents for the same treatment. A notation is made that he is having exacerbation of sciatic pain and will be followed by another physician in a week. The bilateral knees reveal well healed arthroscopic portals; range of motion is 0 to 125 degrees, and tenderness to the medial and lateral compartments with pain on deep squat. Diagnoses included patellofemoral chondromalacia; knee osteoarthritis. Treatment plan included a Synvisc One and Kenalog injection to the left knee using a lateral approach and a Kenalog Marcaine and lidocaine injection to the right knee using a lateral approach. At issue, is a Synvisc One and Kenalog injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One 48mg and 2cc Kenalog injection to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), Corticosteroid injections (2) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for bilateral knee pain. He underwent bilateral knee arthroscopies in 2012. Subsequent treatments have included bilateral knee viscosupplementation injections and intermittent steroid injections with reported benefit from 4 to 6 months. When seen, he had medial and lateral joint line tenderness and pain with squatting. Prior Synvisc injections had been done for the right knee in July and December 2013 and a steroid injection for the left knee in December 2013. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant is being treated for chondromalacia. Therefore, the request cannot be considered as medically necessary. In terms of repeat corticosteroid knee injections, guidelines recommend a limit of three. Since the number of previous injections is not specified, the request for a repeat injection is not medically necessary.