

Case Number:	CM14-0218218		
Date Assigned:	01/07/2015	Date of Injury:	01/09/2013
Decision Date:	03/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/30/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 34 year old male with a work related injury dated 01/09/2013. Mechanism of injury not noted in received medical records or in Utilization Review report. According to an orthopedic follow up note dated 10/21/2014, the injured worker presented for a follow up on his left knee. Diagnoses included left chondral defect. Treatments have consisted of a cortisone injection which only gave him 10% relief in his symptoms, along with arthroscopic surgery on 03/25/2014, physical therapy, home exercise program, and medications. No diagnostic testing was included in received medical records. Work status is noted as temporarily totally disabled. On 11/24/2014, Utilization Review non-certified the request for, 1 Left Knee Synvisc Injection citing California Medical Treatment Utilization Schedule Guidelines. The Utilization Review physician stated there is no objective evidence of failure with recommended conservative care such as physical therapy and pain medications or indication of intolerance. In addition, the injured worker has examination findings of a diagnosis of chondromalacia and this is a contraindication to hyaluronic acid injections based on the above medical treatment guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Synvisc Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Online Edition Chapter: Knee & Leg (Acute & Chronic), 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, Section: Knee, Topic: Hyaluronic acid injections

Decision rationale: ODG guidelines indicate hyaluronic acid injections are recommended as a possible option for severe osteoarthritis of the knee in patients who have not responded adequately to other conservative treatment. However, it is not indicated for chondromalacia, patellofemoral syndrome, or after arthroscopy and debridement or partial meniscectomy. The criteria include documented symptomatic severe osteoarthritis of the knee. The documentation does not indicate the presence of osteoarthritis. The request for Synvisc injections for a chondral defect is not supported by guidelines and as such, the medical necessity of the request is not substantiated.