MAXIMUS Federal Services

Case Number:	CM15-0014342		
Date Assigned:	02/02/2015	Date of Injury:	03/19/2013
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 39 year old female, who sustained an industrial injury on 03/19/2013. The diagnoses have included status post left knee arthroscopy with extensive debridement of hypertrophic tissue and grade II to III chrondromalacia of the patellofemoral joint. Treatments to date have included knee surgery, physical therapy, chiropractic care, and medications. Diagnostics to date have included MRI of the left knee on 10/15/2014 which showed grade 2 to 3 chrondromalacia along with median ridge of the patella, mild soft tissue edema in the superior lateral aspect of the Hoffa's fat peripheral arterial disease, superficial cartilage fissuring along the lateral margin of the lateral tibial spine with mild reactive bone edema, and small knee effusion. In a progress note dated 12/01/2014, the injured worker presented with complaints of ongoing left knee pain. The treating physician reported the injured worker completed the above treatments without substantial improvement in her functional ability. Per documentation left knee x-ray !11/4/14) noted "findings: mild narrowing of teh medial and lateral compartments. Mild spurring of the patellofemoral joint. No evidence of fracture or bony destruction. Summary: mild degenerative change."Utilization Review determination on 01/08/2015 non-certified the request for Left Knee Synvisc One Injection citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee Synvisc one injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synvisc (hylan).

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 chapter, Hyaluronic acid injections

Decision rationale: One left knee Synvisc one injection is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee. There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore Synvisc injection of the left knee is not medically necessary.