

Case Number:	CM15-0014791		
Date Assigned:	02/02/2015	Date of Injury:	03/17/2014
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 03/17/2014 due to an unspecified mechanism of injury. On 01/05/2015, it was noted that the injured worker was seen for orthopedic re-evaluation of his bilateral knees and left wrist. It was noted that he was last seen on 11/17/2014 and was provided with a Synvisc viscosupplementation injection of the left knee. He noted significant improvement but also noted having some swelling that was gradually resolved. An examination of the right knee confirmed that he had patellofemoral crepitation with 1+ with no effusion and varus and valgus testing was intact. He had good mobility and had arthritis of the right knee about the patellofemoral joint. His left knee had patellofemoral crepitation with evidence of patellofemoral arthritis based on range of motion of 0 to 130. Unofficial MRI studies of the bilateral knees had reportedly shown severe lateral patellofemoral compartment chondromalacia and a sprain of the ACL as well as moderate patellofemoral osteoarthritis. He was diagnosed with clinical history of bilateral knee patellofemoral chondromalacia secondary to industrial injury, left wrist symptoms consistent with carpal tunnel syndrome, intra-articular injection of the left knee with 6 cc of Synvisc-One on 11/17/2014. Treatment plan was for Synvisc-One injection 6 mL to the right knee. The rationale was to treat the injured worker's right knee symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Injection 6ml Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections.

Decision rationale: The California ACOEM Guidelines indicate the invasive techniques are not routinely indicated because they carry a risk of intra-articular infection. The Official Disability Guidelines state that hyaluronic acid injections are primarily recommended for severe osteoarthritis of the knee and are not indicated for conditions such as chondromalacia of the patella. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there is a lack of documentation showing that he is having any significantly limited activities of daily living to support the request for Synvisc-One injection to the right knee. Also, while it was noted that he had undergone a Synvisc injection to the left knee, there was a lack of evidence showing that he had had a quantitative decrease in pain or significant improvement in function with that injection to support an additional injection. Also, there is a lack of evidence showing that he has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, the request is not medically necessary.