

Case Number:	CM15-0110830		
Date Assigned:	06/17/2015	Date of Injury:	05/18/2012
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 5/18/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having status post bilateral arthroscopic surgery with patellofemoral syndrome and degenerative joint disease. Treatment to date has included diagnostics and surgical intervention (unspecified). Currently, the injured worker complains of constant pain in her bilateral knees, left greater than right, and rated 7/10. Exam of the knees noted well-healed arthroscopic portals, tenderness at the bilateral knee joint anteriorly, and positive patellar compression test. Pain and crepitus with terminal flexion were noted. X-rays were documented as showing bilateral tilt of the patella, with degenerative joint disease of the anterior compartment (left greater than right), with bone spur. Her work status was partial disability and it was documented that she could continue working. The treatment plan included Synvisc injections (series of 3) to both knees (6 units/knee for total 12 units).

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections, series of 3 to both knees; 6 units per knee for 12 total units: 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 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) Knee and Leg/ Hyaluronic Acid injections.

Decision rationale: According to ODG guidelines, (MTUS is silent), Synvisc injections are appropriate for severe osteoarthritis but "not recommended for patellofemoral arthritis". From my review of the clinic note from 3/17/15 and x-ray report, it appears that the IW's pain is due to patellofemoral arthritis. This is due to symptoms such as crepitus, anterior knee pain, x-ray findings indicating bone spur and degenerative changes in the anterior compartment. Considering that the IW's pain is most likely due to patellofemoral arthritis, which is not a recommended diagnosis for HU injections, therefore the treatment is not medically necessary.