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| Case Number: | CM15-0119376 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 04/30/2012 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 05/23/2015 |
| Priority: | Standard | Application Received: | 06/21/2015 |

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: 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 45 year old female, who sustained an industrial injury on 4/30/12. The injured worker has complaints of right-sided mid back, right knee pain and abdominal pain. The documentation noted that the pain is associated with weakness in right knee and numbness in left elbow and swelling right knee and left elbow. The documentation noted that there is a small joint effusion without bakers cyst or loose body. The diagnoses have included right knee internal derangement; right knee sprain; right sprain/strain; right knee chondromalacia, grade III and abdominal pain. Treatment to date has included right knee scope; physical therapy; ortho-nesic gel and protonix. The request was for synvisc injection, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection, 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, Knee regarding 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 (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for a right knee pain. She underwent arthroscopic surgery in October 2012. When seen, pain was rated at 4/10. She was having right knee weakness. There was crepitus and grinding with decreased range of motion. There was no joint line tenderness. Imaging results were reviewed showing findings of meniscal and ACL degeneration and a small joint effusion. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings of chondromalacia with a meniscal tear. There is no diagnosis of severe osteoarthritis. The requested series of injections is not medically necessary.