

Case Number:	CM15-0120392		
Date Assigned:	06/30/2015	Date of Injury:	06/16/2012
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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 male, who sustained an industrial injury on June 16, 2012. The injured worker reported a fall resulting in low back, right knee and right ankle pain. The injured worker was diagnosed as having right knee degenerative joint disease (DJD), history of right knee arthropathy, chondromalacia, chondroplasty lateral release and meniscectomy, lumbar pain and history of right ankle fracture. Treatment to date has included x-rays, right ankle open reduction internal fixation (ORIF), right knee arthroscopic surgery, physical therapy, injections in the back and medication. A progress note dated May 21, 2015 provides the injured worker complains of back, right knee and right ankle pain. Physical exam notes ambulation with the use of a cane and the right knee is tender on palpation with crepitus. X-ray reveals osteopenia. The plan includes right knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Injection times 1 for the 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, Criteria for hyaluronic acid or 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in June 2012 and continued to be treated for right knee pain. He underwent a partial meniscectomy in August 2013. When seen, he was having low back, right knee, and right ankle pain. Treatment had included several sessions of physical therapy. He was noted to ambulate with a cane. He had never had a previous knee injection. Physical examination findings included antalgic gait and patellar tenderness. There was patellofemoral crepitus. There was no joint line tenderness. X-rays were obtained showing preservation of medial and lateral joint spaces. 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 without evidence of osteoarthritis. The requested Synvisc One injection is not medically necessary.