

Case Number:	CM15-0126241		
Date Assigned:	07/10/2015	Date of Injury:	10/01/2009
Decision Date:	08/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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 61 year old male, who sustained an industrial injury on 10/1/09. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included physical therapy, psychotherapy, injection, medication and MRI. Currently, the injured worker complains of right knee pain especially when climbing stairs. The pain is rated at 6/10. The injured worker is diagnosed with chondromalacia patella, chronic pain syndrome, upper arm joint pain, lower leg joint pain, spinal stenosis lumbar region without neurogenic claudication, achilles bursitis/tendinitis and plantar fasciitis. His work status is return to full duty with no modifications/restrictions. A note dated 6/9/15 states there is tenderness to palpation in the right knee. A note dated 5/19/15 states there was improvement from his physical therapy sessions and most of his physical therapy goals have been met. The following procedure, Synvisc injection for the right knee x3 is requested to continue to assist the injured worker with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for the right knee x 3: 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), Knee Chapter, 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-related injury in October 2009 and continues to be treated for right knee pain. When seen, pain was rated at 6/10. He had one more physical therapy session. Physical therapy was helping. He was taking Naproxen two times per day. Physical examination findings included medial and lateral patellar facet tenderness. An MRI of the right knee in May 2015 included findings of chondromalacia and mild patellar tendinosis. 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 and patellar tendinitis. There is no diagnosis of severe osteoarthritis. The requested series of injections was not medically necessary.