

Case Number:	CM15-0063548		
Date Assigned:	04/09/2015	Date of Injury:	06/20/2009
Decision Date:	05/27/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 50-year-old male who sustained an industrial injury on 06/20/2009. Diagnoses include grade IV chondromalacia of the right knee. Treatment to date has included Synvisc One and arthroscopy. Diagnostics included x-rays. According to the Supplemental Report dated 1/14/15, the IW reported stiffness, achiness, pain, and difficulty with bending and squatting activities involving the right knee. Previous Synvisc One injection was noted to have been beneficial. A request was made for one Synvisc One injection for the right knee. The request was non-certified by utilization review as the IW had not been seen since the previous injection of September 2014 and his present status was not known. ODG and AAOS guidelines were cited. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection to the right knee x 1: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Hyaluronic acid, Viscosupplementation.

Decision rationale: Hyaluronic acid injections are recommended by ODG as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delayed total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. There is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. The documentation submitted does not include any progress notes. There is no indication that the injured worker has been seen since the last injection of September 2014. Therefore, the present status is not known. The available documentation indicates the diagnosis of chondromalacia with mild narrowing of the joint space but no indication of severe osteoarthritis as recommended by ODG guidelines. As such, the request for Synvisc 1 is not supported by guidelines and the request is not medically necessary.