

Case Number:	CM14-0173024		
Date Assigned:	10/23/2014	Date of Injury:	11/09/2012
Decision Date:	11/25/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 39 year old male sustained a work related injury involving the right knee. He was diagnosed with right knee chondromalacia and underwent arthroscopy in July 2013. A progress on 6/29/14 indicated the claimant had persistent right knee pain. He had undergone therapy and acupuncture with no benefit. A recommendation was made for a Synvisc injection. A progress note on 9/15/14 indicated the claimant had weakness in the right knee. Exam findings showed reduced flexion, a positive drawer test and pain with motion. He was given NSAIDs and a subsequent request was made on 10/2/14 for another Synvisc injection.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: According to the MTUS ACOEM guidelines, Synvisc injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or Acetaminophen).

While osteoarthritis of the knee is a recommended indication, 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 was diagnosed with chondromalacia. There was no mention of osteoarthritis. In addition, the physician requested an injection previously. The Synvisc injection to the right knee is not medically necessary.