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| Case Number: | CM13-0001063 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 10/04/2011 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 07/03/2013 |
| Priority: | Standard | Application Received: | 07/09/2013 |

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 Orthopedic Surgery 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 62-year-old gentleman who was injured in a work related accident on October 4, 2011. The clinical records indicate a right knee injury for which previous arthrogram performed on May 28, 2013 showed medial meniscal tear as well as degenerative changes to the medial meniscus and lateral meniscus with marked cartilage loss consistent with osteoarthritis to the medial compartment. The clinical follow-up report of July 19, 2013 indicated continued complaints of grinding to the right knee stating the claimant had been utilizing a brace with examination showing medial and lateral joint line tenderness, restricted range of motion and a positive grind test. It is specifically stated the claimant has had no previous injection therapy to the knee. A course of viscosupplementation injections were recommended for further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE SYNVISIC INJECTION X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 Procedure, Hyaluronic Acid Injections

Decision rationale: Based on Official Disability Guideline criteria as California MTUS Guidelines do not specifically address, viscosupplementation injections in the clinical setting in this case would not be supported. The guideline criteria clearly indicate that failure of corticosteroid installation should take place prior to proceeding with Visco procedures. The clinical records for review demonstrates failed conservative measures but give no indication of previous corticosteroid installation. The absence of the above at present would fail to necessitate specific clinical request as outlined.