

Case Number:	CM13-0003339		
Date Assigned:	12/11/2013	Date of Injury:	04/16/2010
Decision Date:	01/22/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Connecticut. 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 physician 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 47-year-old gentleman injured 04/16/10 sustaining injury to the knees. Specific to the claimant's knees, there is one clinical progress report for review dated 01/11/13 where the claimant saw [REDACTED] for complaints of reevaluation of low back pain as well as right ankle and right knee pain. Physical examination findings at that date were not noted. Prior assessment and examination from the knee with [REDACTED] of 09/14/12 was referenced showing the right knee large effusion, 0 to 115 degrees range of motion and tenderness noted about the medial and lateral joint line. Radiographs at that date demonstrate moderate patellofemoral arthrosis and narrowing of the lateral compartment with "complete collapse". Treatment at that time included an aspiration and injection of corticosteroid with re-evaluation in three weeks recommended. In absence of other forms of recent care, there is a 06/20/13 request for a Synvisc injection to the claimant's right knee. Prior records indicate that the claimant had previously undergone a right knee arthroscopy, chondroplasty, lateral meniscectomy in 2010. There is no indication of prior viscosupplementation injections provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure

Decision rationale: California MTUS Guidelines are silent when looking at Official Disability Guideline criteria. Viscosupplementation injections to the claimant's right knee actually appear warranted. While limited clinical information is available for review in this case, there is clear documentation of a prior aspiration and injection of corticosteroid in September of 2012 as well as documentation of advanced degenerative arthrosis primarily to the lateral and patellofemoral compartment. Records do not indicate a recent course of viscosupplementation injection procedures. Official Disability Guidelines indicates the role of viscosupplementation and failure of both pharmacological and non-pharmacological care has occurred including instillation of corticosteroid. Clinical guidelines appear to have been met from clinical records for review. The specific request for a series of visco injections would appear medically necessary.