

Case Number:	CM13-0022009		
Date Assigned:	08/07/2013	Date of Injury:	05/20/2011
Decision Date:	05/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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:

This is a 54-year-old gentleman injured in a work-related accident on 6/14/11. Review of plain film radiographs from 2/22/13 indicate changes consistent with anterior cruciate ligament reconstruction stating the remainder of osseous structures are "normal." It specifically states that there is "no degenerative arthritic change." Specific to the claimant's left knee, there is documentation of a 7/26/13 follow up indicating that he is "23 months out from anterior cruciate ligament reconstruction surgery" with continued complaints of pain and difficulty walking. He is describing pain in the left knee with intermittent swelling with physical examination showing no joint effusion, positive crepitation, and no instability. Viscosupplementation injections were recommended at that time for continued course of care. The records indicate a recent course of formal physical therapy, medication management, and activity restrictions. The records also do not support recent injection therapy with corticosteroid.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Knee Criteria for Hyaluronic Acid Injection.

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 CA MTUS/ACOEM Guidelines are silent, A Synvisc One injection to the left knee would not be indicated. Guidelines with regard to viscosupplementation indicate the need for failure of first line treatment including corticosteroid installation which is not documented in this case. Furthermore, the claimant's clinical picture, while consistent with continued pain following anterior cruciate ligament reconstruction, demonstrates plain film imaging that shows no evidence of degenerative change. The absence of documented degenerative change would fail to support the need for viscosupplementation injections at this time.