

Case Number:	CM13-0022133		
Date Assigned:	11/13/2013	Date of Injury:	02/11/2010
Decision Date:	01/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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.

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 patient is a 50 YO, male with a date of injury of 2/11/10. Patient has diagnoses of s/p left knee arthroscopic surgery from 2/27/13 with prior surgery from 2011, both of which were performed by [REDACTED]. Patient reports gradual improvement in the knee with continued grinding. On 8/22/13, the treater reports are hand-written and difficult to decipher, but [REDACTED] notes tender peripatellar and no swelling, ROM 95 degrees flexion and 0 degrees extension. Patient was placed on modified duty performing sedentary work only. Progress report, dated 6/11/13, states the patient is able to bear weight on right knee with continued weakness on both knees. The patient was having compensatory right knee pain and continued to have weakness with buckling. This note is also hand-written. The UR denial letter from 8/29/13 denied the request for a Synvisc injection stating that this was previously authorized on 8/27/13 and that there was no reason for another one. Knee brace was denied as the reviewer believed this was not indicated based on ACOEM guidelines. The reviewer believed that a knee brace was only indicated for stressing the knee under load, such as climbing ladders or carrying boxes. I do see a request for the Synvisc injection that was denied because the reviewer concluded that MTUS and ODG guidelines do not support it. Additionally, the request for the prefabricated right knee brace was believed to be unnecessary due to the fact that the patient is on modified duty and will not be stressing the knee under a load, which the reviewer states are a necessary requirement for the prefab brace. MRI dated 4/2/13 showed patient S/P patellar tendon repair, thickening and increased signal intensity within the patellar tendon and marrow edema in the inferior pole of the patella. The lateral and medial meniscus is unremarkable, anterior and lateral cruciate, lateral and medial collateral ligaments are normal. Articular surfaces are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection between 8/22/2013 and 10/12/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient has had multiple surgeries of the left knee now with most recent surgery performed on 2/27/13 where a synovectomy, repair of patellar tendon, and chondroplasty were performed. The patient continues to be symptomatic and the treater has asked for one Synvisc injection. MTUS and ACOEM do not discuss Synvisc injections, but ODG guidelines provide a thorough review. ODG guidelines recommend Synvisc injections for "severe arthritis" of the knee that have not responded to other treatments. This patient does not present with "severe arthritis" of the knee. MRI showed clean articular surface. There are no descriptions of arthritic changes. The use of Synvisc injections is not in accordance with ODG guidelines.