

Case Number:	CM13-0023292		
Date Assigned:	11/15/2013	Date of Injury:	01/26/2011
Decision Date:	01/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 & 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 12/19/11 MRI of the left knee documented tricompartmental osteoarthritis. It has been symptomatic over 3-months and has not responded adequately to conservative treatments. On the 8/29/13 report, the orthopedic surgeon states the patient is s/p left knee arthroscopy and partial meniscectomy on 3/30/13. He describes the exercise kit as a band and ball for the left knee and left foot. ODG for the knee states the home exercise kits are recommended as an option where home exercise programs are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc one injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and 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), guidelines on Synvisc for knee.

Decision rationale: MTUS/ACOEM topics did not discuss Synvisc injections. ODG guidelines were consulted. The ODG guidelines provides a list of indications. This patient appears to meet the first item: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and

pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;" The 12/19/11 MRI of the left knee documented tricompartmental osteoarthritis. It has been symptomatic over 3-months and has not responded adequately to conservative treatments. The request for left knee Synvisc injection is medically necessary and appropriate.

Home exercise kit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the (<http://www.odg-twc.com/odgtwc/knee.htm#Homeexercisekits>) Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended..

Decision rationale: On the 8/29/13 report, the orthopedic surgeon states the patient is s/p left knee arthroscopy and partial meniscectomy on 3/30/13. He describes the exercise kit as a band and ball for the left knee and left foot. ODG for the knee states the home exercise kits are recommended as an option where home exercise programs are recommended. The request appears to be in accordance with ODG guidelines. The request for a home exercise kit is medically necessary and appropriate.