

Case Number:	CM13-0023544		
Date Assigned:	11/15/2013	Date of Injury:	06/27/2011
Decision Date:	02/11/2014	UR Denial Date:	09/05/2013
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 and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported a work-related injury on 06/27/2011, specific mechanism of injury not stated. The patient is status post arthroscopic left knee surgery as of 10/12/2012. The patient underwent a QME on 07/24/2013, with the provider documenting there were no objective findings, no neurological deficits and no permanent disability or functional impairment from a neurological standpoint. The provider documented the patient had reached maximum medical benefit with conservative care. The provider additionally indicated the patient would be able to return to her previous usual and customary job duties unrestricted. The clinical notes document that subjectively the patient continues to present with moderate complaints of left knee pain. However, upon physical exam of the left knee, there was a lack of significant objective findings of symptomatology to support the requested interventions at this point in the patient's treatment. The provider documents range of motion about the knee was 0 to 130 degrees with no effusion, negative McMurray's, and 5/5 motor strength noted. In addition, the clinical notes failed to evidence imaging study documentation of significant pathology to support hyaluronic injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) synvisc injection for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for Hyaluronic acid or Hylan

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

Decision rationale: Official Disability Guidelines indicate specific criteria for the utilization of hyaluronic injections, indicative for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacological and pharmacologic treatments or are tolerant of these therapies such as gastrointestinal problems related to anti-inflammatory medications. Given the lack of any significant objective findings upon physical exam of the patient's left knee as well as lack of recent imaging of the left knee to support diagnoses of significant osteoarthritis, the request for one (1) Synvisc injection for the left knee is not medically necessary or appropriate.