MAXIMUS Federal Services

Case Number:	CM13-0034695		
Date Assigned:	12/11/2013	Date of Injury:	06/01/2008
Decision Date:	03/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 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. 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 54-year-old who was injury in a work related accident on June 1, 2008 sustaining injury to the left knee. Specific to the left knee, there is documentation of a recent progress report of an MR arthrogram dated July 31, 2013 that showed moderate to severe degenerative changes of the medial compartment, lateral compartment and evidence of prior partial medial meniscectomy with findings consistent of possible recurrent or residual tearing. Report of September 19, 2013 with treating orthopedic surgeon, [redacted] indicates the claimant continues to be symptomatic to the left knee despite recent treatment including a prior left knee arthroscopy. He indicates she is too young to proceed with joint arthroplasty and has been unresponsive to other forms of conservative modalities. He is recommending a course of viscosupplementation injections given her current clinical findings as well as arthroscopic findings. There is no indication of prior viscosupplementation injections having been performed in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

. A series of three Synvisc injections for the left knee: 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), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: Based on Official Disability Guidelines, viscosupplementation injections in this case appear medically necessary. The treating physician indicates that the claimant has failed a course of conservative care in the post arthroscopy setting and continues to be symptomatic from an osteoarthritic point of view. Recent MR arthrogram demonstrated severe degenerative changes to both the medial and lateral compartment. Based on documentation of failed conservative care and clear indication of degenerative process, the role of viscosupplementation injections which have apparently not been utilized in this claimant's course of care, would appear medically necessary.