

Case Number:	CM13-0035008		
Date Assigned:	12/11/2013	Date of Injury:	02/14/2013
Decision Date:	02/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/16/2013

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 patient is a 58-year-old female who was injured in a work related accident on 02/14/13 sustaining an injury to the left knee. Clinical records for review include an MRI report of the left knee from 05/22/13 showing an undersurface tear to the posterior horn of the medial meniscus with tricompartmental degenerative arthritis. Recent clinical assessment of 09/10/13 with [REDACTED] indicated ongoing complaints of pain about the knee stating somewhat improved with therapy. Physical examination showed tenderness with her current diagnosis "status post arthroscopic surgery." She was recommended a course of medications in the form of Naprosyn and ibuprofen. A request for a viscosupplementation series to the knee was recommended at that time. Records indicate the claimant's operative procedure took place on 06/26/13. Documentation of prior injection therapy in the postoperative setting has not yet been noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the left knee: Upheld

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 Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure

Decision rationale: Based on Official Disability Guidelines criteria, as California MTUS Guidelines are silent, hyaluronic acid injections are only recommended for certain criteria. After meniscectomy it is only recommended following six weeks of conservative care in the setting of failure to improve with conservative cares including aspiration or injection of intraarticular steroid. The records do not indicate a postoperative injection of intraarticular steroid. The role of the above mentioned viscosupplementation series would thus not be supported.