MAXIMUS Federal Services

Case Number:	CM13-0036498		
Date Assigned:	04/25/2014	Date of Injury:	02/10/2012
Decision Date:	06/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 52-year-old female who was injured on 2/10/12 when she tripped and fell. According to the 4/25/13 agreed medical evaluator (AME), Orthopedic report from [redacted], the patient was working as a certified nursing assistant (CAN), and was already limping and using a cane when she tripped and fell. She had injures to the bilateral knees, shoulders, elbows, low back, neck and face. X-rays were reported as showing near bone-on-bone in the left knee medial compartment and osteophytes in both medial and lateral compartments. According to the 9/16/13 orthopedic progress note from the provider, the patient continues with left knee pain with walking and standing. The patient is described as obese and has difficulty arising from a seated position and walks with a slow labored gait. The diagnoses includes sprain of neck; sprain of lumbar region. The provider recommends Orthovisc injections for the left knee. On 9/26/13, utilization review (UR) denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCOSUPPLEMENTATION (SYNVISC) INJECTIONS X3, FOR LEFT KNEE:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines Online. Knee Disorders. Intra-articular knee viscosupplementation injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter for Hyaluronic acid injections. (http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections).

Decision rationale: The 4/25/13 orthopedic agreed medical evaluator (AME) report documents severe left knee degenerative joint disease. He states due to comorbid conditions, obesity and diabetes, that invasive procedures were not indicated, but states in the future, left total knee arthroplasty (TKA) is a possibility. He recommended viscosupplementation for the left knee. The request for Synvisc injections x3 appears to be in accordance with Official Disability Guidelines (ODG), and in accordance with the AME recommendations. As such, the request for Viscosupplementation (Synvisc) injections x3, for left knee, is certified.