

Case Number:	CM13-0038925		
Date Assigned:	01/15/2014	Date of Injury:	03/24/2013
Decision Date:	03/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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, 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. 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:

This is a 53 year-old male who injured his knee and ankle on 3/24/13 when he was carrying plates to the dishwasher and tripped on a rug. He was diagnosed with a torn medial meniscus and underwent arthroscopic partial medial meniscectomy, chondroplasty, synovectomy and removal of loose body in the right knee on 7/2/2013 by [REDACTED]. On 8/29/13, [REDACTED] states the patient is 8-weeks s/p surgery and reports decreasing pain and increasing function. He still has difficulty with stairs. The physician states there are persistent symptoms related to arthritis that requires a Synvisc 1 injection. UR denied the request on 9/19/13 but the UR letter presented to IMR did not include the rationale for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided Synvisc One Injection to right 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), TWC Guidelines, Knee Chapter for Hyaluronic Acid Injections.

Decision rationale: The patient underwent right knee arthroscopic surgery on 7/2/13 by [REDACTED]. The orthopedic surgeon has requested a Synvisc 1 injection on 8/29/13 for the arthritis symptoms. The patient has an x-ray of the right knee, dated 5/9/13 that shows joint space narrowing and osteophytes. The patient was 8-weeks post-surgery and had symptomatic arthritis. ODG guidelines has criteria for hyaluronic acid injections, stating there must be significantly symptomatic OA that has not responded to conservative treatments or are intolerant of these therapies for at least 3-months. The patient is only 8-weeks post-op and not had 3-months of conservative treatment since the procedure. ODG states there must be documentation of OA with at least 5 items listed by the ACR criteria. There appear to be only 2 items documented; the patient is over age 50, and bony enlargement from the osteophyte on MRI. Finally, Ultrasound guidance is not necessary for a Synvisc injection. The request is not in accordance with ODG guidelines.