MAXIMUS Federal Services

Case Number:	CM13-0038941		
Date Assigned:	02/10/2014	Date of Injury:	05/09/2011
Decision Date:	04/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 and Pain Management, 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:

This is a 49 year-old female who was injured on 5/9/2011. She has been diagnosed with: pain in joint, lower leg; sprain/strain neck; sprain/strain lumbar region; pain abdominal epigastric. According to the 9/11/13 pain management report from [redacted], the patient presents with persistent severe knee pain and an element of back pain. The knee exam showed 20% decreased motion with crepitus and grinding. [redacted] notes that [redacted] had requested a Synvisc injection, but there was no response on whether it was authorized. [redacted] reiterated the request for Synvisc one, to the right knee. There is a 6/28/13 orthopedic PR2 from [redacted] noting knee swelling, medial and lateral joint pain, and grade IV DJD at the medial compartment, and that the patient is s/p Anterior Cruciate Ligament (ACL) reconstruction with recommendations for Synvisc One.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION TO RIGHT KNEE QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION (TWC)- KNEE AND LEG COMPLAINTS (UPDATED 06/07/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC GUIDELINES, KNEE CHAPTER FOR HYALURONIC ACID INJECTIONS (HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#HYALURONICACIDINJECTIONS)

Decision rationale: The patient presents with severe right knee pain. She underwent ACL reconstruction, chondroplasty lateral femoral condyle and partial lateral meniscectomy on 11/6/12. She was noted to have grade Intravenous (IV) Degenerative Joint Disease (DJD) in the medial compartment. Between the 6/28/13 orthopedic evaluation with [redacted] and the 9/11/13 pain management/PTP evaluation with [redacted], the meets at least 5 of the ODG criteria for Synvisc injections. There was severe DJD noted directly, as well as bony tenderness, enlargement, crepitus on exam. There was no mention of over 30 mins of morning stiffness, no palpable warmth. The patient is over 49 years-old, but not quite 50. The remainder of the ODG criteria require labwork or joint aspiration. The patient meets the ODG criteria for Synvisc injections and this is consistent with the QME recommendations and orthopedic evaluation.