MAXIMUS Federal Services

Case Number:	CM13-0039010		
Date Assigned:	12/18/2013	Date of Injury:	07/29/2010
Decision Date:	02/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 54-year-old individual who sustained cumulative trauma of the knee as a result of repetitive bending in a work related accident on 07/29/10. Specific to the right knee there was documentation of a prior knee arthroscopy with partial medial and lateral meniscectomy and tricompartmental chondroplasty in May of 2013. Postoperatively, the claimant continued with pain complaints. The clinical records indicated that he has undergone a course of formal physical therapy, work restrictions, and medication management. A 09/03/13 follow up assessment by [redacted] noted continued complaints of pain about the knee with evaluation showing patellofemoral crepitation, 0 to 130 degrees range of motion, and a stable ligamentous assessment. There was diminished strength of 4+/5 and tenderness over the medial and lateral joint lines. Working assessment was tricompartmental degenerative changes following arthroscopic intervention. It also noted that the claimant was provided a steroid injection on a follow up visit on 10/15/13. Based on continued complaints of pain, a Synvisc injection to the knee for further treatment of the degenerative changes was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1mg: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure; Hyaluronic acid injections.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, viscosupplementation injection to the claimant's right knee would appear medically necessary. This individual has failed conservative care following knee arthroscopy in May of 2013 including a prior corticosteroid injection. Operative report identifies tricompartmental degenerative changes. Given the claimant's underlying diagnosis of degenerative arthrosis and failed care to date, the requested viscosupplementation injection procedure would appear medically necessary.