

Case Number:	CM13-0045250		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2009
Decision Date:	05/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 46-year-old female who was injured on 02/01/08. Specific to the claimant's right knee, clinical documentation included an 11/13/13 follow-up report indicating continued complaints of pain about the right knee with previous imaging showing a posterior horn medial meniscal tear and articular cartilage degeneration from a 05/03/13 assessment. Plain film radiographs demonstrated medial joint space narrowing of the right knee on 06/19/13. The current examination findings were of posterior medial joint line tenderness and positive McMurray's testing. The claimant was diagnosed with chondral change with medial compartment degenerative change status post prior arthroscopy from 12/15/11. It was noted that there had been a previous request for viscosupplementation injections for further treatment. It indicated the claimant had previously been authorized for a knee arthroscopy in June 2013; however, surgery did not occur. The recent treatment to the right knee was not documented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SYNVISIC INJECTIONS, SERIES OF 3 FOR THE RIGHT KNEE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for Hyaluronic Acid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Procedure, Hyaluronic Acid Injections

Decision rationale: The California MTUS guidelines were silent. When looking at Official Disability Guidelines criteria the request for hyaluronic acid injections would not be medically supported. Official Disability Guidelines criteria for viscosupplementation injections would include evidence of severe degenerative findings with five of the following: bony enlargement, bony tenderness, crepitation, a sedimentation rate of less than 40, less than 30 minutes of morning stiffness, no palpable warmth and age of over 50 years, a negative rheumatoid factor and positive synovial fluid signs. The guidelines also would indicate that there be documentation of a failed response to conservative measures including corticosteroid injection. In this instance, the record does not document recent conservative care and as such the requested viscosupplementation is not supported as medically necessary.