

Case Number:	CM13-0050260		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2008
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 45-year-old female who reported an injury on 02/06/2008. The patient is diagnosed with pain in a joint of the shoulder region, low back pain, and pain in a joint of the lower extremity. The patient was seen by [REDACTED] on 09/20/2013. The patient reported persistent knee pain. Physical examination revealed tenderness along the right knee with the joint lines, 4/5 knee strength on the right, and antalgic gait. Treatment recommendations included a request for a hyaluronic acid injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three synvisc injections to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration and cortisone injections are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative

treatment. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. There is no evidence of bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, or palpable warmth of synovium. There is also no documentation of pain that has interfered with functional activities that is not attributed to other forms of joint disease. There were no imaging studies provided for review to corroborate a diagnosis of osteoarthritis of the knee. Additionally, documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids was not provided. Based on the clinical information received, the request is non-certified.