

Case Number:	CM13-0056392		
Date Assigned:	04/16/2014	Date of Injury:	06/01/2012
Decision Date:	09/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The claimant is a 61-year-old female who was injured in a work related accident on June 1, 2012. The most recent clinical progress report for review was an October 21, 2013 progress report citing diagnoses of "early arthritis of the knees." Subjective complaints at that time were of bilateral knee pain for which she has undergone prior treatment including corticosteroid injection to the right knee only, acupuncture, and physical therapy and work restrictions. The treating provider indicated that a prior MRI scan showed "some degenerative and intra-articular changes." The formal report of the MRI is unavailable for review. Objectively, there was noted to be 0 to 120 degrees range of motion bilaterally with medial tenderness to palpation. Without documentation of further treatment, recommendations were recommended in the form of viscosupplementation injections bilaterally. It states review of radiographs from September of 2013 showed "good preservation of joint spaces."

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-One Injections (2) To the Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter: Hyaluronic Acid Injections.

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

Decision rationale: Based on Official Disability Guideline criteria as California MTUS Guidelines are silent regarding viscosupplementation injections, request in this case would not be indicated. This individual's current clinical presentation fails to give strong supportive evidence of degenerative arthritis with recent plain film radiographs showing well preserved joint space and no formal documentation of MRI scans which were only performed of the right knee to show "early arthritis." Without formal documentation of underlying degenerative process to the weight bearing surface of the left and right knee, this individual would fail to meet Guideline criteria which indicate the need for firm establishment of degenerative findings before proceeding with visco injectable procedure. Therefore, this request is not medically necessary.