

Case Number:	CM13-0058112		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2003
Decision Date:	04/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 Pennsylvania. 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 69 year old male with a reported injury date of April 17, 2003. According to records provided for review, the claimant tripped and fell on the knees with a mechanism consistent with a contusion. The records provided documentation that a prior MRI and radiographs showed loss of articular cartilage and diminished medial space. These radiological findings would be consistent with arthritis. The records indicated the claimant tried Voltaren but discontinued the medication due to side effects. The records also indicated the claimant has tried home exercises, some type of stimulator, and a compounded cream. The claimant underwent previous treatment with Synvisc and had 70 percent improvement in pain with decreased spasm and increased level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE SYNVISIC INJECTION: 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): Treatment in Worker's, Knee and leg Chapter.

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 Edition; Knee and leg Chapter.

Decision rationale: The requested repeat viscosupplementation with Synvisc would be reasonable. The records indicate the claimant has failed sufficient conservative care and had a favorable response in the past to viscosupplwementation. It has been over six months since the prior series and a repeat series would be reasonable based on the information reviewed. This recommendation is based upon the Official disability Guidelines as the CA MTUS and ACOEM Guidelines do not apply.