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| Case Number: | CM13-0060300 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 09/18/1998 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 Orthopedic Surgery. 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 patient is a 59-year-old gentleman whose left knee was injured in a September 18, 1998, work-related accident. The records available for review indicate that the patient underwent a left knee arthroscopy in 1999, followed by a diagnostic arthroscopy in July 2013. He was shown to have chondromalacia to the patellofemoral and medial compartments. In a post-operative follow-up visit dated October 29, 2013, [REDACTED] documented continued complaints of left knee pain and stiffness. A physical examination showed patellofemoral crepitation, a positive grind test and diffuses tenderness. The reviewed records do not reference treatment with previous injection therapy; treatment with non-steroidal medication and a home exercise program are documented. This request is for a series of visco-supplementation injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE SYNVISIC INJECTION: 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 & Leg (Acute & Chronic), Cortisone Injections.

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 ACOEM Guidelines do not provide criteria on the use of visco-supplementation injections. According to Official Disability Guidelines, this patient would not be a candidate for treatment with visco-supplementation. Records document a July 26, 2013, knee arthroscopy and post-operative course of care but do not reference treatment with post-operative physical therapy or post-operative corticosteroid injection. While the patient is noted to have underlying degenerative change, ODG Guidelines do not support the role of visco-supplementation in the absence of recent or failed corticosteroid procedures. The request for the injection in this case would not be indicated.