

Case Number:	CM13-0061180		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2013
Decision Date:	05/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with a date of injury of February 21, 2013. The listed diagnosis according to [REDACTED] includes status post arthroscopic synovectomy of the left knee on August 22, 2013. A report dated August 28, 2013 by [REDACTED], notes that the patient is doing well one week after surgery. Her pain was controlled. Exam of the left knee revealed no effusion. Range of motion was 0 to 100 degrees. The plan was to begin physical therapy. According to report dated October 11, 2013 by [REDACTED], the patient presents 7 weeks after left knee surgery. She is continuing with her progressive activities and is starting to hike for exercise. No examination findings were noted at this visit. The treating physician requested authorization for Orthovisc injection once a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS, ONCE EVERY FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp, 18th edition, 2013 Updates, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Synvisc For Knee.

Decision rationale: The California MTUS/ACOEM Guidelines do not discuss Hyaluronic acid knee injections. The Official Disability Guidelines recommend Hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement. In this case, the patient is status post arthroscopic synovectomy and does not present with severe osteoarthritis. There are no x-rays or MRI's that show evidence of "severe" arthritis and examination shows no effusion, no crepitus/grinding with range of motion Recommendation is for non-certification.