

Case Number:	CM13-0062043		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2009
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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 42-year-old female who tripped and fell onto both knees on February 19, 2009. Clinical records, provided for review, included documentation of an MRI report of the right knee that identified joint effusion with evidence of meniscal tear or internal derangement. The emergency room records dated November 01, 2012 documented that x-rays of both knees determined that the knee joints were normal. On February 15, 2013, the claimant underwent left knee arthroscopy for the diagnosis of internal derangement. On that same date a right knee arthroscopy was also performed. Postoperatively, medications, physical therapy and an injection of the right knee were provided. A series of Synvisc injections for the right knee have been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE (3) SYNVISIC INJECTIONS TO THE RIGHT KNEE (6 UNITS-2 UNITS PER 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; Work Loss Data Institute, Section: Knee and Leg

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

Decision rationale: Viscosupplementation therapy is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement. There should be documented symptomatic severe osteoarthritis of the knee. The claimant is a 42-year-old female who had previous right knee arthroscopy for internal derangement of the right knee. After surgery medications, physical therapy and a cortisone injection were given prior to considering viscosupplementation therapy. There is no documentation on imaging studies including the weight bearing radiographs of osteoarthritis. For this reason, viscosupplementation therapy cannot be supported.