

Case Number:	CM13-0064619		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2012
Decision Date:	06/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 Texas. 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 injured worker is a 49 year old female whose date of injury is 05/10/2012. The patient was walking off a bus when she missed a step and slipped and the right knee popped. The injured underwent right knee arthroscopy and chondroplasty of patellofemoral joint on 02/04/13. A postoperative note dated 03/18/13 indicates functional improvement with physical therapy. The patient underwent a Kenalog injection on 05/17/13. The patient underwent Supartz injections on 06/25/13, 07/09/13, 07/30/13, 09/06/13. A radiographic report dated 07/10/13 revealed mild tricompartmental osteoarthritis, most evident in the medial joint compartments bilaterally; small bilateral joint effusions. A comprehensive agreed medical-legal evaluation dated 07/26/13 indicates that prior to the subject injury, the patient had previously injured both knees and her low back on several occasions between February 1994 and June 1998. She underwent two arthroscopies of her left knee in 1994 and 1996 and one arthroscopy of her right knee in 1999. A note dated 10/04/13 indicates that the injured worker's right knee is still bothering her. The patient was recommended to begin formal physical therapy to strengthen the leg and was recommended for modified work activity. A note dated 11/15/13 indicates that a series of viscoelastic injections helped temporarily.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION X3 TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

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

Decision rationale: The patient underwent a series of Synvisc injections in 2013; however, the patient's objective functional response to this treatment is not documented. The Official Disability Guidelines require documentation of significant improvement in symptoms for six months or more prior to the performance of repeat Synvisc injections. Given that the submitted records fail to document significant improvement in symptoms for at least six months, efficacy of treatment is not established, and the request for Synvisc injections x 3 is not medically necessary and appropriate.