

Case Number:	CM13-0064836		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2003
Decision Date:	03/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Jersey. 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 physician 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 57 year old who sustained injury to her knees at work on 12/01/03, and underwent left knee arthroscopic surgery in 2004 and right knee arthroscopic surgery in 2006. The patient is also being treated for obesity and hypertension. She has not worked since 2009. On 05/06/12, she was re-evaluated by [REDACTED], orthopaedics, who noted use of a right knee brace, prescribed on 12/20/12 by [REDACTED], orthopaedics, and loss of 50 pounds in late 2010, with subsequent regain of that weight. On examination, there was right knee pain, with symmetrical motion from 0° to 135°. It was noted that [REDACTED] wished to proceed with knee replacement surgery, despite the weight, and he agreed. On 11/07/13, [REDACTED] evaluated the patient, indicating weight gain, increased pain, and on examination, motion from 0° to 60°. He suggested consultation with [REDACTED] for surgery, and injection of Synvisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Synvisc injection series of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Hyaluronic acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Jergensen A, et al; Intra-articular hyaluronan is without clinical effect in knee osteoarthritis: a multicenter, randomized, placebo-controlled, double-blind study of 337 patients followed for one year.

Decision rationale: The Physician Reviewer's decision rationale: The patient has been shown to have osteoarthritis of the right knee, and the most recent examination indicates an increased limitation in movement, as well as increased symptomatology. The patient is a candidate for knee replacement surgery, despite the lack of weight reduction. The use of viscosupplementation would not be expected to offer relief in a patient with moderate to severe degenerative disease, such as this patient.