

Case Number:	CM13-0070066		
Date Assigned:	01/03/2014	Date of Injury:	11/05/2009
Decision Date:	04/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 patient is a 51-year-old female who reported an injury on 11/05/2009 after a twisting motion of the bilateral knees, which resulted in meniscus tears of the bilateral knees. The patient's history included multiple surgical interventions, postoperative physical therapy, psychiatric support, multiple corticosteroid injections, and spinal cord stimulator implantation. The patient's most recent clinical evaluation documented that the patient's future treatment plan included a series of intra-articular knee injections with Synvisc. Physical findings included slight swelling and warmth of the knee. The patient's diagnoses included osteoarthritis of the knee. A request was made for left knee synovial aspiration.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT KNEE SYNOVIAL ASPIRATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The American College of Occupational and Environmental Medicine does not support the use of aspiration in the presence of reddened, hot, swollen areas due to a high

incidence of cellulitis and infection. It is also documented that synovial aspiration for patients with osteoarthritis is recommended when there are physical findings of crepitus, palpable osteophytes, and a history of chronic symptoms. The clinical documentation submitted for review does indicate that the patient had slight redness and swelling at a previous injection site. The clinical documentation did not provide any physical examination findings to support the need for synovial aspiration. There is no documentation of crepitus, palpable osteophytes, or significant effusion limiting the patient's range of motion due to pain. As such, the requested left knee synovial aspiration is not medically necessary or appropriate.