

Case Number:	CM14-0115585		
Date Assigned:	08/04/2014	Date of Injury:	10/14/2011
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Medicine and is licensed to practice in California, Tennessee, and Florida. 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 59 year old female who reportedly was injured on 10/14/11 when she fell down a flight of stairs. Initial treatment included chiropractic care, medications and physical therapy for neck and low back. Progress report dated 03/18/14 noted the injured worker has subjective complaints of neck and low back pain. There was no mention of the left knee. Initial pain management consultation dated 04/14/14 noted chief complaints of headaches, neck pain, low back pain, left knee pain, and left middle finger pain. The injured worker is noted to have had left knee surgery approximately 6-7 months prior to date of injury. Current medications were listed as Wellbutrin, Celexa, temazepam, naproxen and Vicodin. On examination gait was noted as slightly left leg restricted. Knee examination revealed negative joint effusion, medial joint tenderness, lateral joint tenderness, patella compression, and Lachman bilaterally. McMurray's test was positive on the left. Sensation was intact. Motor strength was 5/5 except left knee extension 4/5 due to guarding. Magnetic resonance image of the left knee dated 04/28/14 showed focal subcortical bone marrow edema at the lateral tibial plateau with thinning of the cartilage measuring 1.0 x 1.7cm but no osteochondral defect or trabecular fracture; changes in the posterior horn of the medial meniscus could be due to tear or post-surgical changes; signal changes in the lateral meniscus but no definitive tear. The patient was seen on 07/01/14 and remained symptomatic since last visit. Examination of the bilateral knees noted popping, crepitus, and clicking during range of motion testing bilaterally; tenderness to palpation in the medial and lateral joint line on the left. Synvisc 1 injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for One (1) Synvisc 1 injection for the left 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, Knee and Legg (Acute & Chronic)

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

Decision rationale: There is no documentation that the injured worker in this case has failed an appropriate course of conservative measures. There is no indication that the injured worker has failed to respond to aspiration and injection of intra-articular steroids. Based on the clinical information provided, the request for One (1) Synvisc 1 injection for the left knee is not recommended as medically necessary.