

Case Number:	CM14-0040288		
Date Assigned:	06/16/2014	Date of Injury:	06/22/2011
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This 46-year-old male maintenance mechanic sustained an industrial injury on 6/22/11 when his left leg stepped into a hole that was 8-10 feet deep, into the hole to chest level with his right leg and arms above ground, and hitting his back and left shoulder. The 11/13/13 right knee MRI impression documented deficiency in the anterior cruciate ligament graft consistent with chronic re-tear, tricompartmental osteoarthritis particularly affecting the medial compartment with joint effusion, chronic low-grade posterior cruciate ligament partial thickness tear, chronic medial collateral ligament sprain with edema, diminutive/post-surgical medial meniscus, and subtle degenerative change in the lateral meniscus. Records indicated that the patient had severe right hip degenerative changes. The 12/24/13 orthopedic report cited right knee pain with difficulty ambulating and rising from seated position. Right knee exam findings documented medial joint line tenderness and positive patellar compression. The patient was noted to be morbidly obese and needed medically managed weight loss or bariatric surgery before definitive hip and knee surgical management could be undertaken. Synvisc-One injection was recommended to the right knee. The 2/14/14 utilization review denied the request for Synvisc injection to the right knee as there was no diagnosis of right knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Hyaluronic acid injections.

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

Decision rationale: Under consideration is a request for Synvisc injection to the right knee. The California MTUS guidelines do not provide recommendations for viscosupplementation in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. There are imaging findings of right knee tri-compartmental osteoarthritis, most pronounced in the medial compartment. Clinical findings are consistent with imaging. Persistent function-limiting right knee pain is documented. Reasonable conservative treatment has been tried and has failed. Therefore, this request for Synvisc injection for the right knee is medically necessary.