

Case Number:	CM14-0188082		
Date Assigned:	11/18/2014	Date of Injury:	12/15/2013
Decision Date:	01/31/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Minnesota. 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 31 year old obese female with evidence of osteoarthritis of the left knee and history of industrial injury on 12/15/2013. She has low back and left knee pain. On 8/5/2014 exam revealed weight: 244 lbs., Height: 5 feet 4 inches, grade I Lachman, grade I anterior drawer. Standing x-rays revealed 3mm medial joint space on left and 5 mm on right. Moderate osteophytes were noted in the medial and lateral compartments with tibiofemoral subluxation. MRI of the left knee on 2/14/2014 had revealed mild medial and lateral compartment osteoarthritis with joint space narrowing and osteophytes. The anterior cruciate ligament was poorly visualized and a tear suspected. There was a vertical tear of the anterior horn of the lateral meniscus. She has been certified for arthroscopy with possible ACL reconstruction, possible meniscal repair or partial meniscectomy and post-operative ancillary services. The disputed request pertains to post-operative viscosupplementation injection using Synvisc one at the 4 or 8 week post-operative visit. This was non-certified by UR as the surgical outcome cannot be predicted and the need for synvisc is not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection at the 4 or 8 week post op visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hyaluronic Acid

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

Decision rationale: California MTUS does not comment on this issue. ODG guidelines were therefore used. Routine use of hyaluronic acid injections after knee arthroscopy are not recommended. It is also not recommended after meniscectomy for 6 weeks. Patients should not have failed previous knee surgery for their arthritis such as arthroscopic debridement. The status of the knee after the arthroscopy cannot be predicted at this time. Based upon the guidelines the request for Synvisc one at the 4 or 8 week post-operative visit is not medically necessary.