

Case Number:	CM14-0199689		
Date Assigned:	12/10/2014	Date of Injury:	09/13/2012
Decision Date:	02/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 60 year old male who sustained a work related injury on September 13, 2012. The Utilization Review document of November 14, 2014 reported he twisted his left knee while walking down an embankment at work. Current documentation dated October 28, 2014 notes that the injured worker had persistent left knee pain. The pain was described as aching and stabbing with associated numbness. The injured worker reported a varying pain rate of three to eight out of ten on the Visual Analogue Scale. Work status was temporarily totally disabled. Physical examination of the left knee revealed tenderness in the medial and lateral joint lines and the hamstring region. McMurry's test was positive over the medial aspect. A Drawer's test, Lachman maneuver and a Varus-valgus test showed mild instability. Flexion of the knee was decreased. The injured worker walked with an antalgic gait. A left knee arthrogram dated October 23, 2014 showed an anterior cruciate ligament repair, tricompartmental chondromalacia following three surgeries and a possible posterolateral corner injury. The injured worker has been diagnosed of postsurgical states; sprain of knee and leg; joint pain left leg; left leg joint derangement. The treating provider noted that the injured worker had a recurrent meniscal tear, but further surgery was not recommended at this point. Treatments have included multiple left knee surgeries, dates unspecified; physical therapy sessions, and Hydrocodone, Tramadol, and Diclofenac. The treating physician's treatment plan included Synvisc injections to the left knee. The treating physician requested outpatient Synvisc injections one time weekly for three weeks to the left knee. Utilization Review evaluated and denied the request for the three Synvisc

injections to the left knee on November 14, 2014, referencing the Official Disability Guidelines, Knee & Leg Chapter, Hyaluronic Acid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Synvisc injections for the left knee, once weekly for three weeks: Upheld

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 & Leg Chapter

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

Decision rationale: The injured worker sustained a work related injury on September 13, 2012. The medical records provided indicate the diagnosis of postsurgical states; sprain of knee and leg; joint pain left leg; left leg joint derangement. Treatments have included multiple left knee surgeries, dates unspecified; physical therapy sessions, and Hydrocodone, Tramadol, and Diclofenac. The medical records provided for review do not indicate a medical necessity for Outpatient Synvisc injections for the left knee, once weekly for three weeks. The MTUS is silent on Synvisc; but the Official Disability Guidelines recommends it as an option for treatment of osteoarthritis of the knee. The recommended treatment is not medically necessary and appropriate since the injured worker is not being treated for knee osteoarthritis.