

Case Number:	CM14-0213766		
Date Assigned:	12/31/2014	Date of Injury:	12/17/1998
Decision Date:	04/15/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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, New York, California
 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:

The applicant is a represented 68-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 17, 1998. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve a request for a series of three knee viscosupplementation injections. The applicant's attorney subsequently appealed. In a progress note dated September 17, 2014, the applicant reported ongoing complaints of knee pain with associated catching, locking, giving way, and difficulty weight bearing. Crepitation was appreciated about the knee. The applicant was status post earlier knee arthroscopy. The applicant had apparently developed severe degenerative joint disease, per x-rays of March 26, 2014. The applicant was not working following imposition of permanent work restrictions, the treating provider acknowledged. Knee supports, Naprosyn, a TENS unit, and MR arthrography of the knee were proposed. In an appeal letter dated January 26, 2015, the attending provider stated that previously performed viscosupplementation injections were beneficial. The attending provider stated that the previous viscosupplementation injections had improved the applicant's ability to kneel, squat, and walk. The attending provider stated that further viscosupplementation injections could advance the applicant's ability to perform home exercises. The attending provider stated that viscosupplementation injections were being employed for the purpose of deferring knee arthroplasty surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three Synvisc injections for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.

Decision rationale: Yes, the proposed knee viscosupplementation injections were medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are recommended in the treatment of moderate to severe knee osteoarthritis, as was present here on or around the date in question. The applicant was described as having advanced issues with knee arthritis status post earlier knee surgery in 1999. The knee viscosupplementation injections at issue were intended to facilitate the applicant's performance of home exercises and were, per the treating provider, intended to defer a total knee arthroplasty surgery. Therefore, the request was medically necessary.