

Case Number:	CM15-0004921		
Date Assigned:	02/10/2015	Date of Injury:	06/26/2013
Decision Date:	04/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male who reported an injury on 06/26/2013. The mechanism of injury was a slip and fall onto his left knee. His treatment has included activity modifications, cortisone injections, arthroscopic meniscectomy and chondroplasty of the patella on 03/04/2014, and postoperative physical therapy. It was noted that arthroscopic examination at the time of his surgery had revealed significant degenerative joint disease in all 3 compartments. However, the procedure note was not provided to verify these arthroscopic findings. In addition, the submitted documentation did not include an MRI, x-ray, or other diagnostic report showing objective evidence of osteoarthritis. On 10/01/2014, the injured worker was seen for a follow-up regarding his left knee. It was noted he continued to complain of significant pain in his left knee, especially with standing and going up and down stairs. He rated his pain at 8/10. His physical examination revealed limited range of motion with 130 degrees flexion, synovial thickening with a 0 to 1+ effusion, and medial and lateral joint line tenderness and retropatellar tenderness. He was injected with corticosteroid which he tolerated well. At his follow-up visit on 10/31/2014, it was noted that he reported slight improvement since the injection. The treatment plan was to wait for the previously requested Synvisc injection for his degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc 1 injection to left knee 6ml prefilled syringe: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hyaluronic acid injections.

Decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections are recommended for injured workers experiencing significantly symptomatic osteoarthritis which interferes with functional activities despite at least 3 months of conservative care, including medications, exercise, and intra-articular steroid injections. The clinical information submitted for review indicated that the injured worker had evidence of tricompartmental degenerative joint disease on arthroscopic examination. However, the official procedure report was not provided to verify these findings. There were also no x-ray findings or other diagnostic reports to verify osteoarthritis based on objective documentation. He was noted to be having severe symptoms with a pain rating of 8/10 which affect his functional activities. However, there was insufficient documentation of at least 3 months of conservative care, to include medications and exercise. In the absence of documentation regarding his previous conservative treatment and official arthroscopy or other diagnostic study reports with evidence of osteoarthritis, the request is not supported. As such, the request is not medically necessary.