

Case Number:	CM15-0102170		
Date Assigned:	06/04/2015	Date of Injury:	08/19/2013
Decision Date:	07/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

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 44-year-old female who sustained an industrial injury on 8/19/13. The injured worker was diagnosed as having status post left knee arthroscopic lateral meniscectomy (4/2/14) and partial anterior cruciate ligament tear with interval syndrome. Currently, the injured worker was with complaints of left knee discomfort. Previous treatments included status post left knee arthroscopic lateral meniscectomy (4/2/14), cortisone injection and medication management. Physical examination was notable for a mildly antalgic gait. The plan of care was for Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections to the left knee (quantity 3): 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 Chapter, 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work-related injury in August 2013 and underwent a lateral meniscectomy in April 2014. She continues to be treated for left knee pain. When seen she was doing well. She was taking ibuprofen. There was a mildly antalgic gait. There was decreased strength and decreased active range of motion. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant does not have severe osteoarthritis. She is doing well with the current care she is receiving. A continued independent strengthening program to address her residual strength impairments would likely be the best treatment for her. The requested series of injections was not medically necessary.