

Case Number:	CM15-0202700		
Date Assigned:	10/19/2015	Date of Injury:	01/23/2015
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 58 year old female, who sustained an industrial injury, January 23, 2015. The injured worker was undergoing treatment for right posterior tibial tendon injury, left knee with internal derangement with patellofemoral chondromalacia. According to the progress note of August 3, 2015 the injured worker's chief complaint was left knee with continued discomfort. The pain was localized diffusely throughout the knee, but especially anteriorly and medially. According to progress note of August 5, 2015, the injured worker's chief complaint was increased pain with ambulation, when lying down and driving. The injured worker rated the pain at 7 out of 10. The injured worker had been wearing an ankle brace. The injured worker was having difficulty wearing a Cam Walker Boot. The physical exam noted severe right medical ankle sprain, deltoid ligament sprain and posterior tibial tenosynovitis with fraying and a likely small split at the partial attachment on the navicular. The injured worker was gradually improved. The injured worker previously received the following treatments right ankle MRI without contrast on March 5, 2015, which showed mortise ligament sprains, strained frayed posterior tibial tendon with tenosynovial effusion and edema in the medial navicular reflecting stress response or contusion, mild plantar fasciitis; x-rays of the right ankle on February 5, 2015 which showed no fractures there was a slight irregularity of the distal fistula; physical therapy, ice therapy, home ankle rehab exercises. The RFA (request for authorization) dated August 3, 2015; the following treatments were requested a Synvisc injection for the left knee and a repeat MRI of the right ankle. The UR (utilization review board) denied certification on October 8, 2015; for a Synvisc injection for the left knee and a right ankle MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Hyaluronic acid injections, Criteria for 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 chapter and pg 36.

Decision rationale: According to the guidelines, Synvisc is appropriate for those that meet the criteria for osteoarthritis. IN this case, the claimant has a meniscal injury. MRI and clinical exam do not indicated degenerative joint disease. The request for a Synvisc injection is not medically necessary.

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, additional imaging is recommended if x-rays show greater than a 13 mm effusion. In this case, there was evidence of effusion in the past. MRI was done 5 months prior at which time the physician stated serial or repeat MRIS are not necessary. The request for the recent MRI was to assess advanced chondral injury. There was no plan for surgery. The request is not medically necessary.