

Case Number:	CM15-0045992		
Date Assigned:	03/18/2015	Date of Injury:	08/19/2013
Decision Date:	04/17/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 August 19, 2013. She reported an injury to her left knee during a fall down the stairs. The injured worker was diagnosed as having lateral meniscus tear and knee pain. Treatment to date has included left knee arthroscopic lateral meniscectomy with saucerization of lateral meniscus with chondroplasty and limited synovectomy performed on 4/2/2014, medications, and plans for physical therapy. Currently, the injured worker complains of mild pain of the left knee, which she rates as 4-5 on a 10-point scale. She takes ibuprofen for pain and reports that she is gradually improving. On examination, the injured worker has a mildly antalgic gait with minimal swelling of the surgical area. Her treatment plan includes request for Synvisc injection, fitting for stabilization of ACL and completion of twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection series of 3 for the left knee: 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).

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 is more than one year status post work-related injury and continues to be treated for chronic left knee pain with treatments including an arthroscopic meniscectomy. 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 has pain after meniscectomy. There are no reported imaging findings describing osteoarthritis and the claimant does not have this as a listed diagnosis. Therefore, the requested series of injections was not medically necessary.