MAXIMUS Federal Services

Case Number:	CM14-0128815		
Date Assigned:	08/15/2014	Date of Injury:	07/17/2012
Decision Date:	10/09/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old male injured on July 7, 2012 due to a slip and fall from a ladder. The injured worker is status post right knee arthroscopy, October 24, 2012, right knee diagnostic and operative arthroscopy, April 4, 2014, and right knee Synvisc one Injection with some relief. After right knee arthroscopy in April 2014, the injured worker began physical therapy. A clinical note, dated June 6, 2014, indicated that the injured worker demonstrated decease in knee pain due to physical therapy but was unable to perform therapeutic exercise involving asingle leg stand on the right due to pain. Pain limits the injured worker's ability to perform activities of daily living. The injured worker reports a pain level of 2-6/10 when walking, rising from sitting to standing, and walking up stairs. Diagnoses include right knee chondromalacia, synovitis, and meniscal tear medial/lateral. Physical exam of the right knee on July 8, 2014, showed range of motion of 120 degrees of flexion; strength 3/5; positive patellofemoral crepitation; positive grind test; and tenderness to palpation over the medial compartment. The initial request for Synvisc injection to the right knee was denied on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc injection to the right 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, Treatment in Workers Comp 18th edition, 2013 Updates, chapter knee - Criteria for Hyaluronic acid injectinos

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee section, Hyaluronic acid injection.

Decision rationale: Hyaluronic acid injections are recommended for severe knee osteoarthritis as an option. There is no diagnosis of knee osteoarthritis and no confirming X-ray. The history and physical examination information given is more consistent with patellofemoral syndrome. Recently hyaluronic acid injections have been deemphasized due to reactions to the medication.