

Case Number:	CM15-0005954		
Date Assigned:	01/26/2015	Date of Injury:	10/01/2008
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: Utah, Arkansas

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 is a 64 year old male, who sustained an industrial injury on 10/01/2008. On provider visit dated 11/14/2014 the injured worker has reported bilateral knee pain. On examination of knees bilateral medical joint tenderness was noted. The diagnoses have included right knee meniscus tear, status post left knee surgery and lumbar spine radiculopathy. Treatment to date has included injections. Treatment plan included a right knee arthroscopic surgery, one computerized range of motion and muscle testing for the left knee and synvisc injections to the left knee. On 12/18/2014 Utilization Review non-certified one computerized range of motion and muscle testing for the left knee and unknown synvisc injections to the left knee. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Computerized Range of Motion and Muscle Testing for the left knee between 11/14/2014 and 2/13/2015: 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 Knee Chapter, Computerized Muscle Testing Section

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Computerized Muscle Testing. Guidelines state the following: Computerized muscle testing is "Not recommended. There are no studies to support computerized strength testing of the the extremities" According to the clinical documentation provided and current guidelines; Computerized Muscle Testing is not indicated as a medical necessity to the patient at this time.

Synvisc Injections to the left knee between 11/14/20114 and 2/13/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic Acid Injections.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Synvisc Injection of the knee. The ODG guidelines for Hyaluronic Acid injections have not been met. According to the clinical documentation provided and current guidelines; a Synvisc Injection of the knee is not indicated as a medical necessity to the patient at this time.