

Case Number:	CM14-0053870		
Date Assigned:	07/07/2014	Date of Injury:	11/30/2004
Decision Date:	10/08/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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 62-year-old male, who sustained an industrial injury on November 30, 2004. Treatment to date has included lumbar epidural steroid injection, lumbar fusion, opioid pain medications, diagnostic imaging, anti-depressants and psychological treatment. An evaluation on March 21, 2014 revealed the injured worker continued to complain of right knee pain, which had steadily worsened following a fall in November of 2013. MRI studies revealed a meniscal tear in the posterior horn of the medial meniscus. The injured worker received two corticosteroid injections with good yet temporary relief. On physical examination, the injured worker ambulated with an antalgic gait favoring his left side and with obvious foot drop. He had tenderness to palpation of the right knee along the medial lateral joint line with soft tissue swelling noted. He had crepitus with general range of motion and no evidence of collateral laxity. The injured worker had a negative anterior and posterior Drawer's sign and a positive McMurray's sign on the right when compared to the left. An MRI of the right knee on November 22, 2013 revealed III-B abnormality of the posterior horn of the medial meniscus representing degeneration with underlying tear. He had a Grade II signal in the lateral meniscus with no cruciate tear present. His diagnoses included right knee sprain-strain secondary to fall. His treatment plan included Synvisc injection for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc injection for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 has a remote history of a work-related injury in November 2004 and is being treated for worsening right knee pain. An MRI of the right knee in November 2013 included findings of a medial meniscus tear. Prior treatments have included two cortisone injections with only temporary relief. When seen, there was medial joint line tenderness with crepitus, soft tissue swelling, and positive McMurray's testing. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. In this case, there is no diagnosis of severe osteoarthritis by imaging or by ACR criteria. The requested series of injections was not medically necessary.