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| Case Number: | CM13-0014240 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 10/01/2012 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

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, Colorado, Michigan, Pennsylvania, Texas. 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 patient is a 46 year old female who was injured on 10/01/2012. The patient fell off a curb, landing on both knees. I am modifying the request for a series of 3 injections of Synvisc to 1 injection of right knee. Guidelines and decision are below. Prior treatment history has included medications, physical therapy, Motrin. Diagnostic studies reviewed include x-ray of the right knee dated 10/12/2012 showed mild narrowing of the medial compartment with the marginal osteophyte. No fracture was identified. The impression included mild osteoarthritis. Ultrasound evaluation of the bilateral knee performed on 04/17/2013 revealed: Right medial meniscus posterior horn mucoid and myxoid degeneration (grade I signal), Right normal collateral and cruciate ligaments, Right normal quadriceps and patellar tendon, Right normal popliteal fossa PR2 dated 08/20/2013 indicated the patient continues to complain of bilateral knee pain, right greater than left with popping and occasionally giving way. She also complains of low back pain without radiating symptoms. Objective findings on exam revealed tenderness of bilateral knees over the MJL and LJL, right greater than left. She has negative laxity. She ambulates with a limp favoring the left lower extremity. She has tenderness of the lumbar spine at the paraspinal with spasm. She has negative SLR; +2 DTRs patellar and Achilles (written notes are illegible). Synvisc injections series of 3 were requested for the right knee. She was instructed to continue HEP as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC INJECTIONS TO THE RIGHT KNEE X 3, 6ML/48MG UNDER
ULTRASOUND GUIDANCE (IN HOUSE): Overturned**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, the online Edition.

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, and Hyaluronic Acid Injections.

Decision rationale: This is a 46 yr. old female with diagnoses of bilateral traumatic osteoarthritis. Synvisc injections of each knee is medically reasonable and within CA MTUS/ODG guidelines. However a series of three injections is not appropriate for Synvisc. If the patient has objective functional improvement for a minimum of 6 months an additional injection may be requested. The request for a series of 3 injections is not certified, however the request is modified to certify a series of 1 for right knee is medically reasonable and within CA MTUS/ODG.