

Case Number:	CM13-0028497		
Date Assigned:	12/04/2013	Date of Injury:	08/27/2001
Decision Date:	07/31/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 08/27/2001. This patient is status post a left knee endoscopic anterior cruciate ligament reconstruction with Achilles tendon allograft on 09/21/2012. The patient has reported subsequent periodic stiffness in her left knee, particularly with standing for prolonged periods of time. On 08/21/2013, the patient's treating physician saw her in orthopedic reevaluation. The treating physician noted the patient had undergone a Synvisc injection to the left knee on 05/29/2013 and found that this was beneficial. The patient reported that her locking had improved significantly after the Synvisc injection and she had some cracking of the left knee which had improved since the Synvisc, although it was fairly constant. The treating physician noted that the patient had evidence of osteoarthritis on recent weight bearing x-rays with medial compartment joint space narrowing. The treating physician indicated a plan to repeat the Synvisc every 6-12 months to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION 6ML (48MG) INTO THE LEFT KNEE: 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 Official Disability Guidelines (ODG), Knee, Synvisc Injection Arthroplasty))>.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss the use of Synvisc. This treatment is discussed in the Official Disability Guidelines/Treatment in Workers Compensation/Knee, which recommend a repeat series of injections if there is documented significant improvement in symptoms for 6 months or more and symptoms recur. In this case, a request for a repeat of Synvisc was made approximately 3 months after the patient's initial injection. It is unclear whether the symptoms had recurred at that time. In any event, the treatment guidelines for improvement for 6 months followed by recurrence of symptoms could not be met within that timeframe. Therefore, this request is not medically necessary.