

Case Number:	CM13-0035624		
Date Assigned:	12/13/2013	Date of Injury:	12/04/2007
Decision Date:	03/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 physician 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:

This is a male patient with a date of injury of 12/4/07. A utilization review determination dated 9/25/13 recommends non-certification of Synvisc injections, series of 3 for the right knee. The reviewer noted that the provider did not believe that the first injection was intra-articular. However, the reviewer opined that, had the injections not been intra-articular, the patient would not have had the 1-2 weeks of relief that were noted. The reviewer also noted that the treating provider cannot confirm that another set of injections would be intra-articular since ultrasound guidance was not being requested. A progress report dated 8/21/13 identifies subjective complaints including increased pain and would like to schedule Synvisc injection right knee. Objective examination findings identify tender MJL bilateral. Diagnoses include medial arthritis, right knee; torn medial meniscus, left knee by history. Treatment plan recommends aquatic rehab bilateral knees and Synvisc/Supartz injection series right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections, series of 3 injections, for 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 (ODG), Knee Chapter, Hyaluronic acid injections.

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

Decision rationale: Regarding the request for Synvisc injections, series of 3 injections, for the right knee, the MTUS Guidelines do not address the issue. The ODG indicates that, for repeat injections, "If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series." • Within the documentation available for review, there is documentation of only 1-2 weeks of relief from prior injections. The provider opines that the prior injections were likely not placed intraarticularly. However, as noted in utilization review, extraarticular placement would not be expected to result in any relief. Thus, there is no clear indication for a repeat series of injections. In light of the above issues, the currently requested Synvisc injections, series of 3 injections, for the right knee is not medically necessary.