

Case Number:	CM13-0040402		
Date Assigned:	06/06/2014	Date of Injury:	04/14/2010
Decision Date:	07/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Medicine 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:

This injured worker's date of injury is 04/14/2010. The treating physician is treating the patient for chronic right knee pain. The original injury occurred when the patient slipped and fell at work striking the left knee. The patient had a left knee replacement, but suffered additional falls. In the note dated 09/05/13, the treating physician states that the patient recently had arthroscopic surgery on the right knee, which consisted of: partial meniscectomy, chondroplasty, removal of loose bodies, and synovectomy. The same note states that postoperatively, the knee swelling is better and there is less binding and locking. The request is for a Synvisc injection into the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR INJECTION OF SYNVISC 1 (WITH 1 REFILL) FOR 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 and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, medical treatment guideline hyaluronic acid injection.

Decision rationale: The patient is post-operative in the right knee, and according to the documentation by the treating physician, is recovering well. Per Official Disability Guidelines (ODG), intra-articular hyaluronic acid injection may be medically indicated for patients with significant symptoms from osteoarthritis, when other forms of treatment have been tried and failed. In this case, there is no additional information that supports treating the patient's recently operated right knee with a hyaluronic acid injection. As such, the request for a hyaluronic injection is not medically necessary.