

Case Number:	CM13-0043013		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2012
Decision Date:	05/15/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 24 year old male with date of injury of 3/8/12. The listed diagnoses per [REDACTED] are lumbar spine/strain with possible radiculopathy and with no improvement, and mild right knee medial degenerative arthritis, status post injection. According to the progress report by [REDACTED], the patient presents with right knee pain. He rates his pain at 5/10 with numbness. The patient states that medication and rest provide temporary relief. He currently is not working due to ongoing pain. Objective findings show that the patient has antalgic gait and ambulates with a cane. Range of motion of the right knee is painful. The treating physician also reviewed an MRI of the right knee stating dated 3/1/13 that revealed Grade I signal in the body and posterior horn of the medial meniscus with no tear. The lateral meniscus is unremarkable. No ligamental tear is seen. There is mild effusion seen in the patellofemoral and suprapatellar bursae. No Baker's popliteal cyst or patellar chondromalacia is seen. There is mild to moderate prepatellar soft tissue swelling seen, but the patellar tendon and Hoffa's fat pad are unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION X1 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient presents with chronic right knee pain. The treater is requesting one Synvisc injection to the right knee. The MTUS and ACOEM do not discuss Synvisc injections, but the Official Disability Guidelines provide a thorough review. The ODG recommend Synvisc injections for severe arthritis of the knee that have not responded to other treatments. An MRI of the knee dated 3/1/13 does not show any signs of significant arthritis or degeneration. This patient does not appear to present with severe arthritis of the knee to qualify or benefit from a Synvisc injection. As such, the request is noncertified.