

Case Number:	CM13-0055208		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2009
Decision Date:	03/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 48-year-old female who reported an injury on 05/31/2009. The mechanism of injury was not stated. The patient developed a chronic pain in the left knee. The patient underwent an MRI that revealed subtle posterior horn medial meniscus tear, small joint effusion, chondromalacia patella, and no evidence of ligamentous ruptures. The patient's most recent clinical findings included evidence of retropatellar crepitation with pain, no evidence of effusion, and vague medial joint line tenderness of the left knee. The patient's diagnosis included patella femoral compression syndrome. The patient's treatment plan included continuation of immobilization with a brace, participation in a weight-reduction program, and Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of three Synvisc injections for the left 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 & Leg Chapter.

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 Chapter, Criteria for Hyaluronic Injections.

Decision rationale: The requested Synvisc injections for the left knee are not medically necessary or appropriate. Official Disability Guidelines specifically identify patients with a diagnosis of patellofemoral syndrome, or patellofemoral arthritis, are not candidates for Synvisc injections. Clinical document submitted for review does not provide any exceptional factors to extend treatment beyond guideline recommendations. As such, the requested 3 Synvisc injections for the left knee are not medically necessary or appropriate.