

Case Number:	CM13-0055517		
Date Assigned:	03/03/2014	Date of Injury:	09/15/2011
Decision Date:	04/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 48-year-old male with an original date of injury of September 15, 2011. The patient is diagnosed with chronic right knee pain, right knee meniscal tear, history of partial meniscectomy. A rights knee MRI performed on September 28, 2013 documents stable. It's following the partial meniscectomy. A utilization review determination noncertified the request for a series of Synvisc injections. The Official Disability Guidelines were cited, and the reviewer felt "there is no clinical indication for use of Synvisc injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION TIMES THREE TO THE LEFT KNEE: Overturned

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 (ODG) Chapter on Knee, Viscosupplementation

Decision rationale: In the case of this injured worker, there is documentation of osteoarthritic changes in the right knee. The right knee MRI performed on September 28, 2013 documents minor chondromalacia along the posterior inferior condyle which is stable compared to prior

studies. There is also "limited chondral where and some posttraumatic and postsurgical scarring" in the patellofemoral compartment. Thus, even though the patient has had surgery to address a meniscus issue, there is evidence of some arthritis. The patient also has had prior corticosteroid injection which only provided 5 days of relief. This was documented in a progress note on September 9, 2013. The patient has also had oral pain medications and topical pain medicine such as Dendracin cream. Prior to and following surgery, the patient has attended physical therapy. Given the conservative treatment to date, the request for Synvisc is recommended for certification.