

Case Number:	CM13-0057135		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2008
Decision Date:	04/01/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 54-year-old female who reported an injury on 06/01/2008 after a table she was pushing collapsed causing her to fall and reportedly caused injury to her back, legs, and hips. The patient underwent an MRI in 07/2013 that documented the patient had moderate to severe degenerative changes in the medial and lateral compartments and patellofemoral joint with mild thickening of the medial collateral ligament indicating a prior chronic injury and it was noted that the patient was status post partial medial meniscectomy and that a defect at the meniscal tibial attachment of the posterior horn of the medial meniscus had an abnormality consistent with a recurrent or residual tear. The patient's most recent clinical evaluation documented that the patient had medial and lateral joint line tenderness with patellar crepitus in flexion and extension of the left knee. The patient's diagnoses included knee tenderness/bursitis, current tear of cartilage or meniscus, lumbar disc disorder with myelopathy, and sprain/strain of the ankle. The patient's treatment plan included a series of 3 Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Synvisc injections for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hyaluronic acid injections

Decision rationale: The requested Series of 3 Synvisc injections for the left knee between 10/21/13 and 12/20/13 is not medically necessary or appropriate. The Official Disability Guidelines recommend this type of treatment for patients who have not adequately responded to aspiration and injection of the intra-articular steroids. The clinical documentation submitted for review does state that the patient has failed to respond to conservative treatments. However, those conservative treatments were not specifically identified. The clinical documentation does not clearly document that the patient has had any recent physical therapy or injection therapy to assist the patient in pain control. Therefore, the need for the requested Synvisc injections is not clearly established. As such, the requested Series of 3 Synvisc injections for the left knee between 10/21/13 and 12/20/13 is not medically necessary or appropriate.