

Case Number:	CM13-0058190		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2009
Decision Date:	04/01/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 60-year-old male who reported an injury on 11/14/2009. The mechanism of injury was not submitted for review. The patient reportedly sustained an injury to the bilateral shoulders and bilateral knees. The patient underwent right knee arthroscopy with the intention of a medial and lateral meniscectomy. However, it was noted in the operative report that due to significant osteoarthritic changes determined upon arthroscopy examination, the patient would more significantly benefit from a knee replacement. The patient continued to have bilateral knee pain and tenderness to palpation with limited range of motion. The patient's diagnoses included impingement syndrome of the bilateral shoulders, medial and lateral meniscus tears of the right knee, and a benign disc protrusion at the L4-5. The patient's treatment recommendations included left knee surgery and a right knee Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection, right 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 Synvisc of the right knee is not medically necessary or appropriate. The Official Disability Guidelines do not recommend Synvisc injections for patients who are candidates of a total knee replacement. The clinical documentation submitted for review does include an operative report where the surgeon determined that the patient would benefit from a total knee replacement during an intra-operative examination. Therefore, the need for a Synvisc injection of the right knee is not clearly established. Additionally, Official Disability Guidelines recommend Synvisc injections when patients have failed to respond to corticosteroid injections. There is no documentation that the patient has received any corticosteroid injections in an attempt to provide the patient pain relief. As such, the requested Synvisc injection of the right knee is not medically necessary or appropriate.