

Case Number:	CM13-0060627		
Date Assigned:	06/11/2014	Date of Injury:	11/22/2005
Decision Date:	08/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 underlying date of injury in this case is 11/22/2005. The mechanism of injury is that the patient was lifting drywall and his right knee popped and twisted, causing him to fall. The patient is status post right revision anterior cruciate ligament reconstruction with Achilles tendon allograft which was performed 09/12/2008. The patient also is status post a left knee diagnostic/operative arthroscopy and chondroplasty with extensive three-compartment synovectomy and debridement. On 10/17/2013, the patient was seen in orthopedic reevaluation regarding both of his knees. The patient had been treated with Synvisc to his left knee in July 2013. The patient reported pain and stiffness with difficulty bending his right knee where he had undergone the previous anterior cruciate ligament reconstruction. The treating physician planned Synvisc given the patient's history of pain, discomfort, and stiffness in the right knee with evidence of osteoarthritis on recent weight bearing x-rays.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic Acid/Synvisc.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines do not specifically discuss this issue. The Official Disability Guidelines/Treatment in Workers Compensation/Knee discusses hyaluronic acid or Synvisc and reports that this treatment is indicated in patients who at first fail traditional conservative treatment including standard pharmacological and nonpharmacological treatments. This patient has undergone extensive treatment for an anterior cruciate ligament reconstruction, but it is not clear the extent to which osteoarthritis has been treated in that knee with conservative measures. The request for Synvisc is not supported by the records and guidelines. This request is not medically necessary.