

Case Number:	CM13-0061731		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2012
Decision Date:	08/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 34 year old male with date of injury 06/2012. The mechanism of injury is described as a fall from a ladder. The patient has complained of right knee pain since the date of injury. He has been treated with arthroscopic surgery (12/2012), physical therapy and medications. MRI of the right knee performed 09/2012 revealed a tear of the posterior horn of the medial meniscus. Objective: right knee tenderness to palpation, decreased and painful range of motion of the right knee, positive medial and lateral valgus stress tests of the right knee. Diagnoses: chondromalacia, torn meniscus, status post knee arthroscopy. Treatment plan and request: synvisc injections to right knee 3-5 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTIONS TO RIGHT KNEE 3-5 INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 34 year old male has complained of chronic right knee pain since date of injury 06/2012. He has been treated with arthroscopic surgery (12/2012), physical therapy and medications. The current request is for Synvisc injections to the right knee, 3-5 injections. Per the MTUS guideline cited above, Synvisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. Therefore, the request for Synvisc injections to right knee 3-5 injections is not medically necessary and appropriate.