

<b>Case Number:</b>	CM13-0063409		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/30/12. 11/4/13 medical report identifies right knee s/p arthroscopic meniscectomy 9/13/13 with complaints of swelling and pain. On exam, there is swelling, tenderness at the patella, and crepitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**YAVISE INJECTION FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**Decision rationale:** Regarding the request for Yavise injection for the right knee, California MTUS states that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Within the documentation available for review, there is no documentation of the specific components of the request (is this viscosupplementation or some other treatment) and a rationale identifying the medical necessity of its use in the management of the patient's cited injuries. In the absence of such documentation, the currently requested Yavise injection for the right knee is not medically necessary.

