

Case Number:	CM13-0065703		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2011
Decision Date:	05/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Sports Medicine and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 08/24/2011. The mechanism of injury was not provided for review. The patient's treatment history included knee Synvisc injections, a knee brace, and physical therapy. The patient underwent an MRI of the knee in 10/2012 that documented there were arthritic changes to the right knee. The patient's most recent Synvisc injection was in 07/2013. It was noted in the patient's most recent evaluation that that injection was "somewhat beneficial." The patient's most recent clinical evaluation documented that the patient had continued right knee trace effusion and tenderness to the medial and lateral compartments with patellofemoral crepitation and a positive grind test. Physical findings of the lumbar spine included paraspinal musculature tenderness with painful range of motion. The patient's treatment plan included a course of physical therapy and an additional Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION TO THE 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 MTUS OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, HYALURONIC ACID INJECTIONS

Decision rationale: The requested Synvisc 1 injection to the right knee is not medically necessary or appropriate. Official Disability Guidelines recommend repeat injections be based on documentation of at least 6 months of pain relief and functional benefit. Clinical documentation submitted for review does provide evidence that the patient received a Synvisc injection in 07/2013. This does not fall within the 6 month treatment duration as the patient's most recent clinical documentation is in 10/2013. Additionally, the patient's clinical documentation does not provide any evidence of significant functional benefit or pain relief as a result of the prior injection. Therefore, an additional injection would not be supported. As such, the requested Synvisc 1 injection to the right knee is not medically necessary or appropriate.

ONE YEAR GYM MEMBERSHIP (12 MONTHS): 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 MTUS OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, GYM MEMBERSHIPS

Decision rationale: The requested 1 year gym membership is not medically necessary or appropriate. Official Disability Guidelines do not recommend gym memberships for patients unless they have failed to progress through a normal independent home exercise program and require equipment that cannot be provided within the home. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Additionally, there was no justification provided to support that the patient requires equipment outside of the home. As such, the request 1 year gym membership for 12 months is not medically necessary or appropriate.